

**Train Tulsa, LLC
CLIENT INTAKE FORM**

Name: _____ Date of Birth: _____ Age: _____
Address: _____
Phone: _____ Email: _____
Occupation: _____
Emergency Contact: _____ Phone: _____
Relationship: _____
Physicians Name: _____ Phone: _____

**Please allow 24 hours notice via text or phone call if you need
to cancel or reschedule your session.**

Personal Info

What made you decide to do personal training?

What is your primary goal?

What are your favorite activities?

On a scale of 1-10, how would you rate your current fitness level (1=worst, 10=best)? _____

Health

Please mark YES or NO to the following:

	YES	NO
- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	___	___
- Do you feel pain in your chest when you do physical activity?	___	___
- In the past month, have you had chest pain when you were not doing physical activity?	___	___
- Do you lose your balance because of dizziness or do you ever lose consciousness?	___	___
- Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc)?	___	___
- Are you pregnant now or have given birth within the last six months?	___	___
- Have you had a recent surgery?	___	___
- Do you take any medications, either prescription or non-prescription, on a regular basis?	___	___
- What is the medication for? _____		
- Do you know of any other reason why you should not do physical activity?	___	___
- If you marked yes to any of the above, please explain below:		

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Lifestyle-Related

Do you smoke? Yes No If yes, how many per day? _____
Do you drink alcohol? Yes No If yes, how much per week? _____
How many hours do you regularly sleep at night? _____
Describe your job: Sedentary Active Physically Demanding
Does your job require you to travel? Yes No
On a scale from 1-10, how would you rate your stress level? (1=low, 10=high) _____
List your 3 biggest sources of stress
a. _____ b. _____ c. _____
Do you regularly use the services of a massage therapist? Yes No
Chiropractor? Yes No
Is anyone in your family overweight? _____
Were you overweight as a child? _____

Developing Your Fitness Program

How often do you take part in physical exercise? _____ per week _____ duration
If your participation is lower than you would like it to be, what are the reasons?
Lack of interest Illness/Injury Lack of Time Other: _____
What activities are you presently involved in?
Cardio / Movement _____
Strength Training / Pilates _____
Stretching / Yoga _____
Sports and/or outdoor activities _____
Other _____
Which area would you like the most assistance with? _____
Realistically, how often would you like to exercise? _____ per week
Realistically, how much time would you like to spend during each exercise session? _____
Based on your commitment, how often would you like to see a trainer to help you achieve your goals?
5x/week 4x/week 3x/week 2x/week 1x/week
What are the best days during the week for you to commit to your exercise program?
M T W Th F
What are the best times for you to exercise?
Morning Afternoon Evening
If you could design your own exercise program, what would an ideal training week look like? Be specific.

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What would you ultimately like to learn from a trainer/these sessions?

Goal Setting

How can I help you? Please circle all that apply:

- | | | |
|--------------------------------|--------------------------|---------------|
| Lose Body Fat | Develop Muscle Tone | Reduce Stress |
| Rehabilitate an Injury | Nutrition Education | Motivation |
| Design a More Advanced Program | Sports Specific Training | Fun |
| Start an Exercise Program | Training for an Event | Other _____ |

In order to increase your chances of being successful at achieving your goals, ensure your goals are "SMART":

- S=Specific (provide details, how much, how long, etc)
- M=Measurable (how will you measure when you've reached your goals)
- A=Attainable (be realistic, set smaller goals)
- R=Rewards-based (attach a reward to each goal)
- T=Time (set specific dates for goals)

Please list in order of priority, the goals you would like to achieve in the next 3-12 months:

- a. _____
- b. _____
- c. _____

How important is it for you to achieve these goals?

- Not important Semi-important Very important

How long have you been thinking about these goals? _____

How will you feel once you have achieved these goals? _____

Where do you rate health in your life?

- Unhealthy Average Good

Where does your spouse/significant other/family rate health in their lives?

- Unhealthy Average Good

What do you think is the most important thing your trainer can do to help you achieve these goals?

List what you feel are the obstacles or potential actions, behaviors or activities that could impede your progress towards accomplishing your goals?

List three methods that you plan to use to overcome these obstacles

- a. _____ b. _____ c. _____

Train Tulsa, LLC
PARTICIPANT RELEASE AND ACKNOWLEDGEMENT OF AGREEMENT

I, _____, wish to participate in the exercise and training program offered by Train Tulsa, LLC. I understand there are inherent risks in participating in a program of strenuous exercise; consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. If I choose not to see a physician prior to beginning a fitness program, I do so strictly at my own risk. I also agree to provide Train Tulsa, LLC with my physician's contact information so that Train Tulsa, LLC may receive direct clearance and program recommendations/limitations from my physician. I further agree that Train Tulsa, LLC shall not be liable or responsible for any injuries, which may include, but are not limited to, muscle strains, muscle sprains, muscle spasms, heart attacks, raised blood pressure, and broken fractured or dislocated bones, to me resulting from my participation in the fitness program (whether at home, outdoors or in any fitness facility), and I expressly release and discharge Train Tulsa, LLC from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only and injury caused by an intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators, and assigns.

I have read and understand this term: _____ (initial)

I understand that Train Tulsa, LLC will make every reasonable effort to preserve the privacy of the information contained in this Client Intake Form. I further agree that Train Tulsa, LLC shall not be liable or responsible to me for any inadvertent disclosure of the information contained in the Client Intake Form and I expressly release and discharge Train Tulsa, LLC from all claims, actions, judgment and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any damage which may occur in connection with disclosure of private information contained in the Client Intake Form. This release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this term: _____ (initial)

I certify that the answers to the questions outlined on the Client Intake Form are true and complete to the best of my knowledge. I acknowledge that medical clearance is requested if I have answered "Yes" to any of the questions on the Client Intake Form. I understand and agree that it is my responsibility to inform Train Tulsa, LLC of any condition or changes in my health, now and on-going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____ (initial)

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participations at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform Train Tulsa, LLC. If I do require medical treatment or attention while or after participating in any activity, I agree that the medical costs are mine and mine alone and hold Train Tulsa, LLC blameless from any charges, fees or costs that my condition may incur.

I have read and understand this term: _____ (initial)

I understand that the results of any fitness program cannot be guaranteed, and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: _____ (initial)

This Participant Release and Acknowledgement of Agreement will bind and be enforceable against me and all of my personal representatives. I agree that this Participant Release and

Acknowledgement of Agreement should be enforceable to the fullest extent of the law, and if any portion is held invalid, the remainder should continue in full legal force and effect.

I specifically acknowledge and agree that this document is not intended to be a general release, which would be limited under some state and local laws. This Participant Release and Acknowledgement of Agreement shall be construed and interpreted as broadly as possible in the applicable jurisdiction.

ASSUMPTION OF RISK. I understand and am aware that my participation in the Fitness Services involves risks. These risks may lead to tangible or intangible harm, and I agree that they may result not only from my own actions but also from the actions of others. With the knowledge and understanding of these risks, I choose, of my own will and volition, to continue participating in the Fitness Services.

I am also aware that there are risks that I may not have considered, yet I waive my right to any claims that may occur from these unconsidered risks and I choose, of my own will and volition, to participate in the Fitness Services.

COVENANT NOT TO SUE. I will not start any lawsuit or other court action against the Train Tulsa, LLC, nor will I join any such proceeding, including any claim for money damages. I acknowledge and agree that I am entering a covenant not to sue the Train Tulsa, LLC in any capacity, including to hold the Train Tulsa, LLC liable for any injury, loss, or damage sustained by me or my property, even if it is due to the Train Tulsa, LLC's negligence or omission. I also waive the right of any of my insurers' to make any such claim.

INDEMNIFICATION: I agree to defend and indemnify the Train Tulsa, LLC and any of its affiliates (if applicable) and hold them harmless against any and all legal claims and demands, including reasonable attorney's fees, which may arise from or relate to my use or misuse of the Fitness Services or my conduct or actions. I agree that the Train Tulsa, LLC shall be able to select its own legal counsel and may participate in its own defense, if desired.

REPRESENTATION: I am over 18 years of age, and am medically and physically able to participate in the Fitness Services.

GOVERNING LAW: This Participant Release and Acknowledgement of Agreement shall be governed by and construed in accordance with the internal laws of Oklahoma without giving effect to any choice or conflict of law provision or rule. Each party irrevocably submits to the exclusive jurisdiction and venue of the federal and state courts located in the following county in any legal suit, action, or proceeding arising out of or based upon this Client Intake Form: Tulsa. I have read the above Participant Release and Acknowledgement of Agreement fully and I understand and agree to its contents. I understand and agree that by signing this Participant Release and Acknowledgement of Agreement I forfeit any right, claim, or ability to hold the Train Tulsa, LLC responsible for any tangible or intangible damages, loss of property, or loss of life that may occur during or after my use of the facilities and participation in the Fitness Services.

Client Name

Client Signature

Date