

## Personal Training Data Collection Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Height: \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs. Age: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Physical Activity Readiness Questionnaire

	Yes	No
1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2. Do you feel pain in your chest when you perform physical activity?		
3. In the past month, have you had chest pain when you were not performing any physical activity?		
4. Do you lose your balance because of dizziness or do you ever lose consciousness?		
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7. Do you know of any other reason why you should not engage in physical activity?		

*If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physical on what type of activity is suitable for your current condition.*

### General and Medical Questionnaire

Occupational Questions	Yes	No
1. What is your current occupation?		
2. Does your occupation require extended periods of sitting?		
3. Does your occupation require extended periods of repetitive movements? If yes, please explain:		
4. Does your occupation require you to wear shoes with a heel (dress shoes)?		
5. Does your occupation cause you anxiety (mental stress)?		
Recreational Questions	Yes	No
6. Do you partake in any recreational activities (golf, tennis, skiing, etc.)? If yes, please explain:		
7. Do you have any hobbies (reading, gardening, working on cars, exploring the internet, etc.)? If yes, please explain:		

<b>Medical Questions</b>		
8. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? If yes, please explain:		
9. Have you ever had any surgeries? If yes, please explain:		
10. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? If yes, please explain:		
11. Are you currently taking any medication? If yes, please explain:		

**Release and Waiver of Liability and Indemnity Agreement**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participate in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represent that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry in to the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes as acknowledgement that such premises and all facilities and equipment thereon and such affiliated program has been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING.

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE THE YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them for any loss, liability, damage or cost that may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of West Virginia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THE RELEASE:

Signature of Applicant or Guardian if Applicant is Under 18: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_