

New Client Questionnaire

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

To help us determine if you should check with your physician or other qualified healthcare provider before starting to exercise with a personal trainer, please read the following questions carefully and answer accordingly. All information will be kept confidential.

General Information - answering “YES” to any of the following questions may require a check-in with your healthcare provider. You will receive an email follow-up prior to scheduling an appointment that will indicate if a medical clearance is needed.

YES NO

- Are you currently under the care of a physician or other healthcare provider for a medical or physical condition?
- Do you have any disability or medical condition of which our staff should be aware in order to meet your specific training needs (e.g., hearing or visual impairment, mobility limitations, diabetes, seizures, muscle spasticity) ?
- Do you have a specific permanent or chronic medical or physical condition that may require you to take precautions when you exercise?
- Are you taking any medications that may affect your ability to safely exercise?
- Have you recently (in the last 3-6 months) had an injury that would impact your ability to exercise?

If yes to any question above, please specify:

YES NO

- Do you use a brace, assistive device, or prosthetic device for daily use and/or for sports or exercise?
 - Have you ever had a heat or cold-related illness during exercise?
 - Have you ever had autonomic dysreflexia, or abnormally high blood pressure associated with pounding headaches and other symptoms during exercise?
 - Do you have any other concerns about your ability to safely engage in physical exercise? If so, please describe.
-

Physical Activity Readiness Questionnaire (PAR-Q) - answering "YES" to any of the following questions will require a check-in with your healthcare provider. Please have your healthcare provider complete the Medical Clearance Form included in this packet.

YES NO

Are you over 69 years of age?

Has your healthcare provider ever said that you have a heart condition and that you should only perform physical activity recommended by a healthcare provider?

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 at rest or during exercise?

Do you have a bone, joint or muscle problem that could be made worse by a change in your physical activity?

Are you currently taking medication for high blood pressure, high cholesterol, or a heart condition?

Do you know of any other reason why you should not do physical activity?

I certify that my previous answers are true. As a result of my responses, I understand that I may be required to obtain medical clearance prior to exercising with a personal trainer. If required, I can get the evaluation from my personal healthcare provider or, if a student, through UHS.

Client Name (Print)

Client Signature

Date

Return Form Instructions:

Drop-Off: Rec Sports Fitness Department, 2301 Bancroft Way., Berkeley, CA 94720

Mail in: Berkeley Rec Sports, Fitness Department, 2301 Bancroft Way, Berkeley, CA 94720

Attn: Robbie Earle, Personal Training Coordinator

Fax: 9-1-510-664-4719

Attn: Robbie Earle, Personal Training Coordinator

Your Fitness Goals

Help us get to know you better and understand your personal fitness goals. Please complete and bring this information sheet with you for your first meeting with your personal trainer.

What are your fitness goals that you want to achieve by working with a personal trainer? (All that apply)

- Increase strength and endurance
- Improve cardiovascular fitness
- Reduce body fat
- Exercise regularly
- Sports conditioning
- Improve flexibility
- Improve muscle tone
- Increase muscle mass
- Injury Rehabilitation

Other: _____

What are your health goals that you want to achieve by working with a personal trainer? (All that apply)

- Reduce stress
- Control blood pressure
- Stop smoking
- Improve productivity
- Feel better overall
- Improve nutritional habits
- Control cholesterol
- Achieve balance in life
- Reduce back pain
- Increase health awareness

Other: _____

What motivated you to reach out to Berkeley Rec Sports to work with a trainer? (All that apply)

- Inclusive workout space
- An environment that supports your physical, mental, sensory, and emotional needs
- Peer support/suggestion
- Medical reasons
- Tried the Recreational Sports Facility as a guest

Other: _____

What type of personal accommodations, if any, would be helpful for you?

Medical Clearance Form

On the Physical Activity Readiness Questionnaire (PAR-Q) you just completed, you identified that you have one or more coronary and/or other medical risk factors which may impair your ability to exercise safely. For this reason, you need to have your healthcare practitioner complete and return this medical clearance form before you can begin working with a personal trainer. To expedite this process, we will gladly fax this form directly to your healthcare practitioner. We recognize that you are eager to start your fitness program, and we sincerely regret any inconvenience that this may cause you. However, please keep in mind that we want your exercise experience to be as safe as possible. All information will be kept confidential.

To your Healthcare Provider:

I hereby give my healthcare provider permission to review this form and release any pertinent medical information from any medical records to the staff at Berkeley Rec Sports.

Client Name (Print) _____

Client Signature_____ Date_____

Healthcare Provider's name_____

Healthcare Providers Phone_____ Fax_____

Reason for Medical Clearance: Client answered "Yes" to the following PAR-Q questions:

- Are you over 69 years of age?
- Has your healthcare provider ever said that you have a heart condition and that you should only perform physical activity recommended by a healthcare provider?
- 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 at rest or during exercise?
- Do you have a bone, joint or muscle problem that could be made worse by a change in your physical activity?
- Are you currently taking medication for high blood pressure, high cholesterol, or a heart condition?
- Do you know of any other reason why you should not do physical activity?

For Physician Use Only: Please check one of the following statements:

- I concur with my patient's participation with no restrictions.
- I concur with my patient's participation in the Personal Training program if they restricts activities to:

- I **do not** concur with my patient's participation in an exercise program (if checked, the individual will not be allowed to participate in the Rec Sports Personal Training Program).

Healthcare Provider's Signature

Date

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Participant's Name: _____
(Please Print)

UNIVERSITY OF CALIFORNIA, BERKELEY
Recreational Sports Department Facilities and Programs

Waiver of Liability, Assumptions of Risk, and Indemnity Agreement

UNIVERSITY OF CALIFORNIA, BERKELEY Recreational Sports Department Facilities and Programs Waiver of Liability, Assumptions of Risk, and Indemnity Agreement Waiver: In consideration of permission to use, today and all other future dates, the property, facilities, staff, equipment, services, and programs of the Recreational Sports Department, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its directors, officers, employees, and agents from liability from any and all claims, including the negligence of the Recreational Sports Department Facilities and Programs resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

Signature of User

Date

Signature of Parent/Guardian

Date

Assumption of Risks: Physical activity, by its very nature, carries inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The Recreational Sports Department has facilities for and provides for activities such as weight lifting, running, aerobic activities, classes, and sporting activities. Some of these involve speed and change of direction, and others involve sustained physical activity which places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by the Recreational Sports Department Facilities and Programs. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD the Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, cost expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement at the Recreational Sports Department Facilities and Programs and to reimburse for any expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, **and understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability to the greatest extent by law.**

Signature of Client

Date

Signature Parent/Guardian

Date

Informed Consent - Personal Training

Client Name: _____ Date: _____

1. PURPOSE AND EXPLANATION OF PROGRAM: I hereby consent to voluntarily engage in personal training at Berkeley Rec Sports. I also give consent to receive information in a personal training program about activities which are recommended to me for improvement of dietary counseling, stress management, and health/fitness education activities. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs) and muscular fitness. I understand that I may undergo an exercise assessment at the start of my personal training program to evaluate and determine my present level of fitness. I will be given exact personal instructions regarding the amount and kind of exercise I should do. A personal trainer will provide leadership to guide my activities, monitor my performance, and support goal achievement.

If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes which my healthcare practitioner or I have made with regard to use of these. I understand that I will inform the program staff of any changes in my health status while participating in the personal training program. I will be given the opportunity for periodic fitness assessment at regular intervals after the start of the program. I have been informed that during my participation in the above described personal training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear.

I understand that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal training program personnel of my symptoms, should any develop. I understand that during the performance of exercise, a personal trainer will monitor my performance or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the personal fitness trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit. I also understand that during the performance of my personal training program physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I understand that I have the right to inform my personal trainer if I do not consent to the physical contact for the stated reasons above.

I understand that Rec Sports wants to ensure that I have a positive, supportive, and collaborative relationship with the personal trainer. If for any reason, these expectations are not met, I understand that I can request an assignment to a different trainer for any reason at any time. I also understand that Rec Sports personal trainers do not provide medical diagnosis or treatment, physical rehabilitation services, or massage therapy.

2. RISKS: I understand that there exists the remote possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances of heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. Every effort will be made to minimize these occurrences by proper staff assessments of my condition before each personal fitness training session, staff supervision during exercise and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, but knowing these risks, it is my desire to participate in the personal training program.

3. BENEFITS TO BE EXPECTED AND ALTERNATIVES AVAILABLE TO EXERCISE: I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the personal training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity and fitness level after a period of 3-6 months.

4. CONFIDENTIALITY AND USE OF INFORMATION The information which is obtained in this personal training program will be treated as privileged and confidential and will not be released without prior consent. I understand that information which is not personally identifiable with me will be used for program statistical purposes only so long as the same does not identify my person or provide facts which could lead to my identification. Information obtained will be used internally by the program staff to evaluate my exercise status or needs.

5. INQUIRIES AND FREEDOM OF CONSENT I have been given an opportunity to ask questions as to the personal training program. I have read this Informed Consent form, fully understand its terms, and sign it freely and voluntarily without inducement.

Client Name (Print)

Client Signature

Date

Witness Signature

Date

Return Waiver of Liability and Informed Consent Forms:

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