



Client Personal Training Agreement

What I can expect from my training sessions:

- Your training sessions will involve progressive exercise levels regulated by an American Council on Exercise (ACE) Personal Trainer and a National Strength and Conditioning Association (NSCA) Certified Strength and Conditioning Specialist (CSCS).
- The session may consist of any combination of cardiovascular exercise, resistance training, circuit interval training, flexibility and similar activities.
- These activities are designed to place a gradually increasing work load in the body and therefore, improve the functioning, although no guarantee of improvement can be made.
- During and/or after the exercise session you may experience localized muscle soreness or slight fatigue. These minor discomforts are more likely to appear in the early stages of the program. As the conditioning process continues with regular exercise, however, these discomforts should disappear.

IF YOU FULLY UNDERSTAND AND AGREE, Please initial _____

What I can expect from my Personal Trainer:

- Your Personal Trainer is currently certified in CPR, and holds an ACE personal training certificate and a NSCA CSCS certification. She also holds a bachelors degree in health and physical education.
- Your trainer will act in a professional manner, arriving on time for sessions, keeping up- to- date records of your workouts and progress, and keeping you as their number one priority during your workout session.
- Your trainer will customize your workouts according to your current fitness level and goals. You should expect to be reassessed on a regularly scheduled basis that will be determined between you and your trainer.

IF YOU FULLY UNDERSTAND AND AGREE, Please initial _____

Cancellations/Lateness:

- I understand that I may cancel any appointment with my trainer by giving him/her 24 hours notice. I also understand that failure to provide 24 hours cancellation notice will result in my being charged my full session fee.
- Also knowing that abbreviated workout sessions lead to greatly decreased benefits, I understand that lateness of more than half of the allotted session time qualifies as a "no show", and I am responsible for paying the full session fee. Completion of the session is left to the discretion of the trainer.

IF YOU FULLY UNDERSTAND AND AGREE, Please initial _____

Expiration Dates:

- All personal training packages have an expiration date for your benefit. These dates help increase exercise adherence and greatly improve the possibility of positive results. Any session not used by the expiration date will not be honored. No refunds will be made. Expiration dates are 6 mo. after purchase.

IF YOU FULLY UNDERSTAND AND AGREE, Please initial _____

Payment for Personal Training Sessions:

- Payment for Personal/Group Training is to be made via check, cash or credit. Checks are to be made out to Stephanie Burdette. All personal training fees are non refundable. Payment is due before the first session takes place.

IF YOU FULLY UNDERSTAND AND AGREE, Please initial _____

Please fill out your address and contact telephone number in case the trainer ever needs to reach your for scheduling changes or other training related purposes. This information, along with all other information, will be kept confidential in your file.

Client Name: _____

Cell Phone: _____

Email Address: _____

I am voluntarily participating in the personal training program that has been explained to me verbally and in writing. I am aware of my own current level of health and physical condition. I am also aware that participating in any exercise program has inherent risks. I agree I will contact my physician if I need any medical attention.

By signing below, I understand and agree to the terms of the agreement above.

Client Signature

Date

Release of Liability

In consideration of being allowed to participate in the personal fitness training activities and programs of - Stephanie Burdette and the use of its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby waive, release and discharge Stephanie Burdette, and its officers, agents, employees, subcontractors, representatives, executors and all others acting on their behalf from and against any and all loss, costs, expense, claims or liabilities for injuries or damages to my person and/or property. These include but are not limited to those mentioned or others acting on their behalf, arising out of or connected with my participation in any personal training session or other program sponsored by the company. This release of liability includes personal training performed at home, provided by and or recommended by a Stephanie Burdette, Personal Trainer.

I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in these activities or use of equipment or machinery. I acknowledge that either I have had a physical examination and have been given my physicians permission to participate or I have decided to participate in the exercise sessions, programs and use of equipment without the consent of my physician and do hereby assume all responsibility for my participation in said session, activities programs and use of equipment.

Client Signature

Date

Trainer's Signature

Date

Nutrition and Weight Profile

Name: _____ Date: _____

What is your current weight? _____ What is your current height? _____

How would you describe your eating habits? _____

What would you like more information about or help with in regards to healthier food options and meal planning? _____

What do you eat regularly (Check all that apply)

- Breakfast
- Mid-morning snack
- Lunch
- Mid-afternoon snack
- Dinner
- After-dinner snack

How often do you eat out each week? _____ times

What size portion do you normally have?

- Small
- Moderate
- Large
- Extra-large
- Uncertain

How often do you eat more than one serving?

- Always
- Usually
- Sometimes
- Never

How long does it take you to eat a meal? _____ minutes

Do you eat while doing other activities (e.g., watching TV, reading, working)?

- Yes
- No

How many times a week do you eat or drink the following?

- _____ cookies, candy,
- _____ doughnuts, ice cream, cake, pies
- _____ soda
- _____ potato chips, corn chips, etc.
- _____ fried foods
- _____ peanut butter, nuts or seeds
- _____ crackers
- _____ fast food (McDonald's Taco Bell, etc.)
- _____ cheese, whole milk, cream, non-dairy creamer
- _____ red meat (beef, pork, lamb)
- _____ butter, margarine, mayonnaise
- _____ breakfast meat or luncheon meat (bacon, sausage, hot dogs, salami)

- _____ convenience items (frozen food, instant products, canned soups)
- _____ refined grains (white rice, bread, cereal)
- _____ more than one serving of alcohol daily (4 oz. wine, 1.5 oz liquor, 12 oz beer).
- _____ more than two servings of a caffeinated beverage in a day

How many servings of the following foods do you eat each day:

- _____ fruit (1 small whole, or 1/2 cup)
- _____ vegetables (1/2 cup)
- _____ nuts and seeds (1/4 cup)
- _____ dairy product (1/2 cup)
- _____ meat, fish, eggs, poultry (3 oz)
- _____ beans, peas, tofu, etc. (1/2 cup)
- _____ other protein sources, such as bars or powders
- _____ sweet potatoes, quinoa, brown rice etc.

What vitamins, supplements do you take daily? _____

What medications are you currently taking? _____

How much water do you consume each day? _____ cups

How many times per week do you participate in aerobic exercise? _____

Typically what is the duration of your aerobic session? _____

How many times per week do you weight train and how long? _____

1 WEEK FOOD LOG

Time

Time	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Bfast							
Snack							
Lunch							
Snack							

Dinner						
Snack						

Setting Goals!

1. What are your short term goals (first 3 months)

2. What are your long term goals (1 year+)

3. What are some roadblocks that might get in the way of your goals?

4. What, specifically, will YOU do to make sure you stay on track and reach your goals?

I WILL: _____

I WILL: _____

I WILL: _____

5. What activities do you enjoy? What do you dislike?

6. What is your prior experience with exercising? What are you currently doing?

7. Are there any prior issues I should be aware of? (pain, surgeries, health issues?)

8. How many days a week and how long will you be working out? Days on your own? With me?

9. What does a typical day look like for you? (work/school, food, training,etc...)

Special Notes: