



# THRIVE

TRAINING CO.

**All information received on this form will be treated as strictly confidential.** Please fill out the forms completely and accurately. This information is essential to helping us develop a program that addresses your needs, goals, and interests.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, Postal code)

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Please provide **24 hours notice if you need to cancel or reschedule** your appointment.  
**PLEASE RETURN WITHIN 48 HOURS BEFORE OUR FIRST SCHEDULED WORKOUT.**

## Physical Activity Readiness Questionnaire PAR-Q

**Please mark YES or NO to the following:**

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? \_\_\_\_\_

Do you frequently have pains in your chest when you perform physical activity? \_\_\_\_\_

Have you had chest pain when you were not doing physical activity? \_\_\_\_\_

Do you lose your balance due to 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 6 months? \_\_\_\_\_

Have you had a recent surgery? \_\_\_\_\_

If you have marked YES to any of the above, please elaborate below:

---

---

---

---

Do you take any medications, either prescription or non-prescription, on a regular basis?

Yes / No

What is the medication for?

---

How does this medication affect your ability to exercise or achieve your fitness goals?

---

## Lifestyle:

- 1) Do you smoke? YES / NO. If yes, how many per day? \_\_\_\_\_
- 2) Do you drink alcohol? YES / NO. If yes, how many drinks per week? \_\_\_\_\_
- 3) How many hours do you regularly sleep at night? \_\_\_\_\_
- 4) Describe your job:  Sedentary  Active  Physically Demanding
- 5) Does your job require travel? YES / NO
- 6) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high) \_\_\_\_\_
- 7) List your 3 biggest sources of stress:  
a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_
- 8) Do you regularly utilize the services of a massage therapist? YES NO
- 9) Is anyone in your family overweight?  Mother  Father  Sibling  Grandparent
- 10) Were you overweight as a child? YES NO If yes, at what age(s)? \_\_\_\_\_

## Fitness History:

- 1) When were you in the best shape of your life? (age/time period)

---

---

- 2) What were you doing that made that possible? (exercise, nutrition, sports?)

---

---

- 3) Have you been exercising consistently in the past 3 months? YES NO

- 4) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best) \_\_\_\_\_

- 5) How long have you been thinking about getting in shape?

---

- 6) What if anything has stopped you from reaching your fitness goals?

---

---

---

---

---

- 7) What is it about NOW that motivates you to be fit?

---

---

---

---

---

## Exercise History:

- 1) How often do you take part in physical exercise? (circle) 5-7x/week 3-4x/week 1-2x/week
- 2) On average, how long do you exercise per session? (Mins) \_\_\_\_\_
- 3) On a scale from 1 to 10, how intense is your typical workout? (circle one)  
Very Easy **1 2 3 4 5 6 7 8 9 10** Very Intense
- 4) For each activity in which you participate, indicate your typical exercise in minutes/session:  
Running/Jogging \_\_\_\_ min \_\_\_\_ x /week Weight Training \_\_\_\_ min \_\_\_\_ x /week  
Walking \_\_\_\_ min \_\_\_\_ x /week Stretching \_\_\_\_ min \_\_\_\_ x /week  
Aerobics Classes \_\_\_\_ min \_\_\_\_ x /week Yoga \_\_\_\_ min \_\_\_\_ x /week  
Bicycle/Spinning \_\_\_\_ min \_\_\_\_ x /week Sports \_\_\_\_ min \_\_\_\_ x /week
- 5) For how long have you been consistently physically active? (months/years?)  
\_\_\_\_\_
- 6) Is cardio conditioning an area that you would like us to help you with? YES NO
- 7) Would you like some assistance with your muscle conditioning? YES NO
- 8) Would you like some help with a flexibility program? YES NO

## Developing your Fitness Program:

1. Please circle when you prefer to exercise:  
MORNING / AFTERNOON / EVENING / Specific Time: \_\_\_\_\_
2. Realistically, how often per week would you like to exercise? \_\_\_\_ x/week
4. Based on your schedule and location, where will most workouts take place?  
Club/Studio Home/Condo Outside Work Gym
5. 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 Other: \_\_\_\_\_
6. What are the best days during the week for you to commit to your exercise program?  
Mon Tue Wed Thu Fri Sat Sun

## Goal Setting:

How can I best help you? Please check that which applies.

Lose Body Fat \_\_\_\_ Develop Muscle Tone \_\_\_\_ Nutrition Education \_\_\_\_ Start an  
Exercise Program \_\_\_\_ Design a more advanced program \_\_\_\_ Safety \_\_\_\_ Sports Specific  
Training \_\_\_\_ Increase Muscle Size \_\_\_\_ Fun \_\_\_\_ Motivation \_\_\_\_  
Other \_\_\_\_\_

In order to increase your chances of being successful at achieving your goals, a certain protocol should be followed. Please ensure all your goals are 'SMART'.

S = Specific (Provide details, how long, how much etc.)

M = Measurable (How will you measure whether you've reached your goals)

A = Attainable (Be realistic, set smaller goals)

R = Rewards-Based (Attach a reward to each goal)

T = Time Frame (Set specific dates for goals)

1. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months?

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

2. How important is it for you to achieve these goals? m Very m Semi m Not very

3. What does success look like with respect to your fitness goals?

---

---

---

---

4. Where do you rate health in your life? m Low priority m Medium Priority m High priority

5. What do you think is the most important thing(s) your Personal Trainer can do to help you achieve your fitness goals? What are your expectations of a trainer?

---

---

---

---

---

6. Outline what you feel are the obstacles or your potential actions, behaviours, or activities that could impede your progress towards accomplishing your goals.

---

---

---

---

7. Outline 3 methods that you plan to use to overcome these obstacles

- a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

**Miscellaneous Questions:**

1. How did you hear about Thrive Training? \_\_\_\_\_  
Word of Mouth Referral – Who? \_\_\_\_\_

2. Why did you choose to train with Thrive instead of another organization? Please check that which applies.

\_\_\_ Location \_\_\_ mobile \_\_\_ Liked AD \_\_\_ Cost \_\_\_ Customer Service \_\_\_ Word of Mouth Referral \_\_\_ Programs \_\_\_ You heard we were the best \_\_\_ You know we are going to produce results \_\_\_ Other \_\_\_\_\_

4. Which newspaper(s) do you read? \_\_\_\_\_

5. Which radio station(s) do you listen to? \_\_\_\_\_

6. Which local magazine(s) do you read? \_\_\_\_\_

7. Which local morning TV show do you watch? \_\_\_\_\_

8. What would cause you to discontinue training with me?

---

---

---

---

## **Participant Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement**

1) I, \_\_\_\_\_, wish to participate in the exercise and training program offered by Thrive Training Co. 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 below. 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 and against recommendation of Thrive Training Co. I also agree to provide Thrive Training Co. with my physician's contact information so that Thrive Training Co. may receive direct clearance and program recommendation/limitations from my physician. I further agree that Thrive Training Co. shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility), and I expressly release and discharge Thrive Training Co., its owners, employees, agents and/or assigns 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 an 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)**

2) I understand that Thrive Training Co. will make every reasonable effort to preserve the privacy of the information contained in this Client Information Questionnaire. I further agree that Thrive Training Co. shall not be liable or responsible to me for any inadvertent disclosure of the information contained in the Client Information Questionnaire and I expressly release and discharge Thrive Training Co., its owners, employees, agents and/or assigns 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 Information Questionnaire. This release shall be binding upon my heirs, executors, administrators and assigns.

**I have read and understand this term: \_\_\_\_\_(initial)**

3) I certify that the answers to the questions outlined on the PAR-Q 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 PAR-Q form. I understand and agree that it is my responsibility to inform all employees of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

**I have read and understand this term: \_\_\_\_\_(initial)**

4) 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 participation 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 my Personal Trainer.

**I have read and understand this term: \_\_\_\_\_(initial)**

5) I understand 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)**

6) I understand that all Private Personal Training rates are based on 60-minute sessions and should I arrive late, I will not receive the full session with my trainer unless time allows for it. In return, if my Personal Trainer is late for a session, I will still receive the full session time FREE of charge.

**I have read and understand this term: \_\_\_\_\_(initial)**

7) I understand that Thrive Training Co. invoices its Personal Training clients on a pre-pay basis. Once my trainer and I have decided upon the type of training package and payment plan I will purchase, payment must be made before the sessions are conducted. Credit Card, Debit Card, Cash and electronic E-transfers are accepted at this time. I understand that all Personal Training sessions are non-transferable and non-refundable. I also understand that all Private Personal Training sessions must be redeemed within one year of purchase.

**I have read and understand this term: \_\_\_\_\_(initial)**

8) I understand that Thrive Training Co. operates on a scheduled appointment basis for all sessions and thus requires **that I provide 24 hours' notice when cancelling** an appointment. No charge will be levied should I cancel with MORE than 24 hours' notice given. Should I **cancel a session with LESS than 24 hours' prior notice; I will be charged in full** for that session. It is recommended that all cancelled sessions be rescheduled to ensure consistency and progress.

**I have read and understand this term: \_\_\_\_\_(initial)**

9) I understand that during a Personal Training session, my trainer/instructor may have to touch my muscles or joints to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with this form of touch, I will immediately request that it be discontinued.

**I have read and understand this term: \_\_\_\_\_(initial)**

10) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by my Personal Trainer.

**I have read and understand this term: \_\_\_\_\_(initial)**

11) I understand that Thrive Training Co. photographs many of its client events/sessions and I provide Thrive Training Co. the absolute right and permission to use these pictures/images for any lawful promotional, advertising or marketing purpose.

**I have read and understand this term: \_\_\_\_\_(initial)**

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
CLIENT SIGNATURE                      DATE

\_\_\_\_\_  
GUARDIAN'S SIGNATURE (If Applicable)      DATE

\_\_\_\_\_  
Ravinder Gill                                      DATE



## **Informed Consent Form for Physical Fitness Program**

### **General Statement of Program Objectives and Procedures:**

I understand that this physical fitness program includes exercises to build the respiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, rowing machine exercises, and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

### **Description of Potential Risks:**

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed. I understand that Thrive Training Co. shall not be liable for any damages arising from personal injuries sustained by

\_\_\_\_\_ (your name)

while and during the personal training program. \_\_\_\_\_ (your name), using the exercising equipment during the personal training program does so at his/her own risk and assumes full responsibility for any injuries or damages which may occur during the training. I hereby fully and forever release and discharge Thrive Training Co., its assigns and agents from all claims, demands, damages, rights of action, present and future therein. I understand and warrant, release, and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate (other than those items fully discussed on health history form). I state that I have had a recent physical check-up and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning.

### **Description of Potential Benefits:**

I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in heart disease. I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
DATE