Whirling Thunder Wellness Program
Personal Training

NAME: _____ DATE: _____/_____/_____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

EMAIL: _____

SEX: _____M _____F AGE: _____ BIRTHDATE: _____/_____/_____

MEDICAL HISTORY:

Circle all that apply to indicate if you have or had any of the following:

Asthma	High Cholesterol	Seizures	Diabetes	Stroke
Psychiatric care	Headaches	Cancer	High Blood Pressure	Low Blood Pressure
Sinus Problems	Ear Problems	Arthritis	Seasonal Allergies	Tonsillitis
Kidney	Bladder Problem	Ulcers / Colitis	Depression	Neurological Problem
Swollen ankles	Anxiety	Heartburn / Reflux	Thyroid Problems	Shortness of Breath
Anemia	Blood Problems	Heart Disease	Murmur / Angina	Lung Problems
Cough	Liver Problems	Eye Disorder	Glaucoma	

What goals are most important to you?_____

_____

What is currently keeping you from achieving your goal (s)? _____

_____

Would you be interested in workouts with a group? _____Y_____N

What time best suits you? _____MORNINGS ____ AFTERNOONS ____EVENINGS

What days work best for you? _____S_____M_____T_____W_____T_____F_____s

In Case of Emergency, CONTACT:

NAME: _____ RELATIONSHIP: _____

CELL PHONE: (_____) _____ WORK PHONE: (_____) _____

Whirling Thunder Wellness Program
Facility Waiver

In consideration of my use of the exercise equipment and facilities, along with the participation in any wellness program, or youth sport provided by the WTWC, I agree and contract, on behalf of myself, my heirs, administrators, successors, that WTWC and its insurers, employees, officers, directors and associates, shall not be liable for any damages arising from personal injuries (including death) sustained by me, or my guest in, on, or about the premises, or as a result of the use of the equipment or facilities , regardless of whether such injuries result from the negligence of the company.

By signing of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me or my guest, and I hereby fully and forever release and discharge the company, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future. Whether the same is known or unknown, anticipated, unanticipated, resulting from and arising out the use of said equipment and facilities.

I expressly agree to indemnify and hold the organization harmless any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by me or my guest.

I agree to be solely responsible for safety and well-being of my guest and myself. I understand that the organization may not provide supervision, instruction, or assistance for the use of the facilities and equipment.

I agree to comply with all rules imposed by the organization regarding the use of the facilities and equipment. I agree to conduct myself in a controlled and reasonable manner at all times, and to refrain from using any equipment in a manner inconsistent with its intended design and purpose.

I understand that bullying, poor sportsmanship, or misconduct may result in being expelled from the facility and/or removed from participation in any program associated with the Whirling Thunder Wellness Center.

I understand and agree that the company is not responsible for property that is lost, stolen, or damaged while in, on, or about the premises.

I HAVE READ THE FOREGOING WAIVER AND VOLUNTARILY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

Date: _____

Print Name: _____

Signature: _____

Guardian Signature: _____
(If they are under 18)

Whirling Thunder Wellness Program
Informed Consent

General Statement of Whirling Thunder Wellness Program Objectives:

I understand that participating in fitness related activities include but are not limited to exercises that build the cardio-respiratory system (heart and lungs), the musculoskeletal system (muscle endurance, strength and flexibility), and to improve body composition (decrease of the body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include but are not limited to aerobic activities, callisthenic exercise, and weight training to produce said benefits.

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 but are not limited to abnormalities of blood pressure or heart attacks. Use of exercise equipment and cardiovascular equipment involves risk of serious injury, including permanent disability and death.

Description of Potential Benefits:

I understand that the program of regular exercise for the heart, lung, muscles and joints, had many benefits associated with it. These may include but are not limited to a decrease in body fat, improvement in blood pressure, improvement in physiological function, and decrease in heart disease.

I understand that my participation in any program is voluntary and I am free to withdraw from it at any point.

I HAVE READ THE FOREGOING INFORMED CONSENT AND VOLUNTARY EXECUTED THIS DOCUMENT WITH FULL KNOWLEDGE OF ITS CONTENT.

DATE: _____

PRINT NAME: _____

SIGNATURE:_____

GUARDIAN SIGNATURE:_____
(IF THEY ARE UNDER 18)

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

The PAR-Q is a simple screening tool used to identify individuals who should not be tested in a field setting without physician clearance. The PAR-Q is used throughout North America.

Yes	No	
___	___	Has a Doctor ever said that you have a heart condition and recommended only medically approved physical activity?
___	___	Do you have chest pains brought on by physical activity?
___	___	Have you developed chest pain at rest in the past month?
___	___	Do you lose consciousness or lose your balance as a result of dizziness?
___	___	Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
___	___	Is your doctor currently prescribing medication for blood pressure or heart condition (e.g., diuretics or water pills)
___	___	7. Are you aware, through your own experience or a doctor's advice, of any other reason against your exercising without medical approval?

Note: 1.) This questionnaire applies only to those 15 to 69 years of age.

2.) If you have a temporary illness, such as a fever, or are not feeling well at this time, you may wish to postpone the proposed activity.

3.) If you are pregnant, you are advised to consult with your physician before exercising.

4.) If there are any changes in your status relative to the above questions, please bring this information to the immediate attention of your fitness professional. 3.) If you are pregnant, you are advised to consult with your physician before exercising.

4.) If there are any changes in your status relative to the above questions, please bring this information to the immediate attention of your fitness professional.

Which best describes your level of physical activity during the past 4-6 weeks? (Check one)

___ Very active

___ Moderately active

___ Occasionally active

___ Inactive

Please list below any additional *exercise* information which you think is important for us to know prior to fitness training.

_____

_____

Is there a family member history heart disease, hypertension, stroke, diabetes, heart failure, lung disease or epilepsy?

___Yes ___No

If "Yes", Please provide information regarding relationship, Medical problems and age at onset or death.

_____

_____

(Cont. Pg. 2)

___Yes ___ No Do you currently smoke cigarettes?

If "yes" how many per day? _____

If you smoked in the past, when did you quit? _____

___ Yes ___ No Are you currently taking medication prescribed by a physician?

If "yes", indicate name of medication, dosage and reason why you are taking it.

_____

_____

_____

Please indicate below any additional *medication* information that you think is important for us to know prior to fitness training?

_____

_____

_____