Personal Training Program
Client Paperwork

Elective/Voluntary Activity Waiver
Medical Clearance
Medical Release
Medical/Health Status Questionnaire
Exercise Habits & Interests Questionnaire
Personal Fitness & Lifestyle Goals Questionnaire

YMCA
We build strong kids, strong families, strong communities.

Elective/Voluntary Activity Waiver
Southeast Family Branch – YMCA of Greater Louisville

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in YMCA Personal Training Programs, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the YMCA and its respective officers, employees, and agents from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in YMCA Personal Training Programs.

Signature of Parent of Minor (under 18) Date
Signature of Participant Date

Printed Name - Parent of Minor (under 18) Date
Printed Name - Participant Date

Assumption of Risks: Participation in Personal Training Programs carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back sprains, strains, breaks, concussions, cuts, cardiac arrest, partial or total paralysis, drowning and death. We strongly recommended that you consult your personal physician before starting any personal training program.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Personal Training 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 YMCA HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, brought as a result of my involvement in YMCA Personal Training Programs and to reimburse it for any such expenses incurred.

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 allowed by law.

Signature of Parent of Minor (under 18) Date
Signature of Participant Date

Printed Name - Parent of Minor (under 18) Date
Printed Name - Participant Date

Medical Clearance
Write “Y” for yes or “N” for no to all medical problems that you have experienced within one year (unless indicated). If you answer “Yes” to any question, please have your doctor complete the medical release form on the last page of this packet. Please do not leave any questions blank.

- History of heart problems, chest pain or stroke
- Any chronic illness or condition
- Advice from physician not to exercise
- Pregnancy (now or within last 3 months)
- Muscle, joint, or back disorder, or previous injury still affecting you
- Loss of balance due to dizziness
- Loss of consciousness
- Do you smoke or have you quit smoking within the last 3 months?
- Are you taking any medication for blood pressure or a heart condition?
- History of heart problems in immediate family (myocardial infarction, coronary revascularization or sudden death before 55 years of age in father or other male 1st degree relative (i.e. brother or son) or before 65 years of age in mother or other female 1st degree relative (i.e. sister or daughter)

If You Answered:

**YES to two or more questions...**

Your physician must complete our medical release form prior to your initial session with a YMCA personal trainer for a fitness assessment or to begin your exercise program.

- You may be able to participate in physical activity. With a medical doctor’s approval, the safest approach is to begin slowly and gradually increase the intensity & duration of your exercises. Or, you may need to restrict your activities to those that are safest. Talk to your doctor about the kinds of activities you wish to participate in and follow his/her advice.

**NO to ALL questions...**

If you answered “NO” to all above questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest approach.
- Schedule your initial meeting with a YMCA personal trainer for a fitness assessment or to begin your exercise program *(without a medical doctor’s clearance).

* The YMCA recommends that you consult your physician prior to beginning an exercise program.

I have read, understood and completed the questionnaire. Any questions that I had were answered to my full satisfaction.

Print Name: ______________________________________

Signature: ________________________________________   Date: _____/_____/______

Medical History - Detail

☐ Are you currently being treated for high blood pressure?
If you know your average blood pressure, please enter: ______/______

Please check all conditions or diagnoses that apply:

- □ Abnormal EKG?
- □ Limited Range of Motion?
- □ Stroke?
- □ Abnormal Chest X-Ray?
- □ Arthritis?
- □ Do You Suffer from Epilepsy or Seizures?
- □ Rheumatic Fever?
- □ Bursitis?
- □ Chronic Headaches or Migraines?
- □ Low Blood Pressure?
- □ Swollen or Painful Joints?
- □ Persistent Fatigue?
- □ Asthma?
- □ Foot Problems?
- □ Stomach Problems?
- □ Bronchitis?
- □ Knee Problems?
- □ Hernia?
- □ Emphysema?
- □ Back Problems?
- □ Anemia?
- □ Other Lung Problems?
- □ Shoulder Problems?
- □ Are You Pregnant?
- □ Recently Broken Bones?

□ Has a doctor imposed any activity restrictions? If so, please describe:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Medications**

Please Select Any Medications You Are Currently Using:

<table>
<thead>
<tr>
<th>□ Diuretics</th>
<th>□ Other Cardiovascular</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Beta Blockers</td>
<td>□ NSAIDS/Anti-inflammatory (Motrin, Advil)</td>
</tr>
<tr>
<td>□ Vasodilators</td>
<td>□ Cholesterol</td>
</tr>
<tr>
<td>□ Alpha Blockers</td>
<td>□ Diabetes/Insulin</td>
</tr>
<tr>
<td>□ Calcium Channel Blockers</td>
<td>□ Other Drugs (record below).</td>
</tr>
</tbody>
</table>

Please list the specific medications that you currently take:

________________________________________________________________________

________________________________________________________________________
Lifestyle

Dietary Habits. Please Select All That Apply.

☐ I seldom consume red or high-fat meats.  ☐ I eat at least 5 servings of fruits/vegetables per day.

☐ I pursue a low-fat diet.  ☐ I almost always eat a full, healthy breakfast.

☐ My diet includes many high-fiber foods.  ☐ I rarely eat high-sugar or high-fat desserts.

Other

Please Indicate Any Other Medical Conditions or Activity Restrictions That You May Have. It is important that this information be as accurate and complete as possible

☐ Is any of this information critical to understanding your readiness for exercise? Are there any other restrictions on activity that we should know about?

Exercise Habits & Interests Questionnaire

Today’s Date: _____ / _____ / _____  Your Name: ________________________________________________
Recent Exercise Habits:

How many times per week are you active enough to break a sweat? ________

When you exercise, how long are you active? ________ minutes

On a scale of 1 to 10, how intense is your typical activity? ________

How many years have you exercised? ________

In a Typical Week, How Many Minutes Do You Spend in the Following Activities?

Running/Jogging ________       Walking ________
Aerobics ________              Racquet Sports ________
Swimming ________              Weight Training ________
Biking ________                Skiing ________
Stair Climber ________         Yoga/Pilates ________

Place a Check Next to Your Activity Preferences or Interests:

☐ Aerobics Class       ☐ Free Weights       ☐ Golf
☐ Group Activities     ☐ Martial Arts      ☐ Outdoor Cycling
☐ Running             ☐ Spinning          ☐ Step Aerobics
☐ Swimming            ☐ Tennis            ☐ Walking
☐ Others

Personal Fitness & Lifestyle Goals Questionnaire

Today's Date: _____/_____/_____       Your Name: ________________________________
In striving to achieve a higher state of wellness or fitness, a set of clearly articulated goals is essential. These goals will help to guide your lifestyle choices such as when and what to eat, how often and how intensely to exercise, and how to overcome the challenges and barriers you will surely encounter.

Please indicate your personal health and fitness goals:

☐ Lose Weight  ☐ Stop Smoking  ☐ Feel Better
☐ General Fitness  ☐ Sports Specific  ☐ Flexibility
☐ Reduce Stress  ☐ Lower Cholesterol  ☐ Muscular Size
☐ Muscular Strength  ☐ Look Better  ☐ Reduce Back Pain
☐ Improve Diet  ☐ Aerobic Fitness  ☐ Injury Rehab

Please use the space below to record three concrete commitments that you are willing to make to your own health goals. For example you might commit “To arrive, ready to exercise, on Mondays, Wednesdays and Fridays by 6:30pm.” These should be challenging but also realistic and attainable commitments. When finished, please sign this form to signify you personal commitment.

Concrete Commitments to Reach Your Goals:

1. __________________________________________________________________________________
2. __________________________________________________________________________________
3. Time Commitment – # Days Per Week _______________  # Minutes Per Day _______________

Signed: _______________________________  Witnessed: _______________________________

If you answered yes to any questions on page 2, please have your doctor complete the medical release form on the next page and return it to Abby Hipp before the initial meeting with a YMCA Personal Trainer.

Medical Release

Dear Doctor:

Your patient _______________________________ wishes to start a personalized training program through the Southeast YMCA Personal Training Program. Exercise recommendations provided by the trainer will start easy
and become progressively more intense depending on the client’s goal and fitness level. Qualified staff will administer all fitness assessments and exercise.

If you know of any medical or other reasons why participation in the program by the client would be unwise, please indicate so on this form.

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**Report of Physician**

_____ I know of no reason why the applicant may not participate.

_____ I believe the client can participate, but I urge caution because:

_________________________________________________________________________________

_________________________________________________________________________________

* My patient is taking medications that will effect heart rate response to exercise.

The effects are indicated below:

Type of medication ________________________________________________________________

Effect ________________________________________________________________

Restrictions for exercise ____________________________________________________________

_____ The client should not engage in the following activities:

_______________________________________________________________________________

_______________________________________________________________________________

_____ I recommend that the client NOT participate.

Physician Signature: ___________________________ Date: _____/_____/______

Print Name: ________________________________ Phone: ________________

Thank You. Please Fax To: 502.495.6607 Attn: Abby Hipp