



## Personal Training Client Health Information Intake & Assumption of Risk

To provide you with the best service possible, it is important for us to review issues that might impact your health. **This form is confidential. Campus Recreation Center. The Campus Recreation Center staff will not release this information without your written consent, unless required by law.**

Today's date	
Participant name	
Date of birth	
Height	
Current weight	
Resting heart rate <i>if known</i>	
Resting blood pressure <i>if known</i>	

### Physical Activity Readiness Questionnaire (PAR-Q)

This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?	Yes	No
Do you feel pain in your chest when you perform physical activity?	Yes	No
In the past month, have you had chest pain when you were not performing any physical activity?	Yes	No
Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes	No
Do you have a bone or joint problem that could be made worse by a change in your physical activity?	Yes	No
Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?	Yes	No
Do you know of any other reason why you should not engage in physical activity?	Yes	No

## Health Risk Assessment (HRA)

Please list medications (prescription, over-the-counter, dietary supplements) taken regularly and the reason for taking:		
Please list any food or drug allergies:		
Do you use tobacco products? If yes, how often and how much?	Yes	No
Have you or a family member ever been told you have diabetes?	Yes	No
Do you have any known cardiovascular problems (abnormal ECG, atherosclerosis, heart attack, high blood pressure)? If yes, please explain:	Yes	No
Has your doctor ever told you your cholesterol level is high?	Yes	No
<i>Females only</i> - Are you pregnant, or did you have a baby less than six weeks ago?	Yes	No
Please write what you consider a healthy weight for yourself:		
Are you at or within ten pounds of your desired weight?	Yes	No
Are you trying to lose weight? If yes, describe the method of weight loss you are using:	Yes	No

### Reschedule/Cancellation Policy

Please reschedule your appointment if you are suffering from any acute respiratory infection. If you cannot keep your appointment, please contact your trainer soon as possible before your appointment. If you are unable to contact your trainer, call the Campus Recreation Business Office at (208) 282-4854.

### No-Show Policy

If you do not show up for a training appointment without calling in advance more than once, it is at the discretion of the trainer to continue to schedule with you.

### Late Policy

If you do not arrive on time for a scheduled appointment, the trainer will wait 10 minutes. If you fail to meet the personal trainer within 10 minutes of your scheduled appointment time, it will be considered a no-show (see no-show policy above).

### Refund Policy

All sales are final. Refund requests may be considered on a case-by-case basis for extenuating circumstances. Documentation of medical conditions or other emergencies may be required.

## Assumption of Risk

In consideration of the opportunity to participate in this activity, I voluntarily agree to assume all risks involved in my participation. I understand and acknowledge there are inherent and unanticipated risks that may include but are not limited to: strenuous exertion that could place stress on cardiovascular and/or musculoskeletal systems and result in broken bones, strain, sprains, joint injuries, tendons injuries, heart malfunctions, and head injuries, neck and spine injuries, temporary or permanent muscle soreness, injuries related to the use of all equipment in the condition in which they are found, equipment failure, risk of negligence from myself or other participants, and other foreseeable and unforeseeable risks of injury or death that may occur that ISU cannot specifically anticipate and list here. I verify I have no physical or mental condition which would endanger myself or others by my participation in this activity. I agree to follow all rules, instructions, and safety protocols.

I acknowledge ISU does not provide health and accident insurance for participants and I agree to be financially responsible for my own medical expenses. I further agree that in the event emergency medical treatment becomes necessary and I am unable to communicate, ISU staff or emergency medical personnel may authorize or conduct treatment or care on my behalf as appears reasonable under the circumstances. I understand that Idaho State University ("ISU") takes no responsibility for verifying my physical readiness for the Activity.

I also grant ISU the right to take and use photographs or video footage of me during this event for its educational or promotional purposes, including on university websites or on social media.

**I have read, understand, and agree to the above:**

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Name of Participant	Signature	Date
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**Emergency Contact:**

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Name of Emergency Contact	Relationship	Phone Number
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