



FITNESS ASSESSMENT QUESTIONNAIRE

Please answer all questions accurately and honestly to allow us to fully determine your individual needs.

Body Fat % _____ Weight: _____ Height: _____ Male/Female Age: _____

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

HEALTH HISTORY QUESTIONS

Has your doctor ever said your blood pressure was too high? Yes No

Has your doctor ever told you that you have a bone or joint problem that has been or could be made worse by exercise? Yes No

Have you recently experienced any chest pain associated with either exercise or stress? Yes No

Do you lose your balance because of dizziness or do you ever lose consciousness? Yes No

Are you currently taking any prescribed drugs? Yes No

Have you had surgery in the past 6 months? If yes, explain. Yes No

Is there any chance that you could be pregnant? Yes No

Is there any reason not mentioned, that would not allow you to participate in a physical fitness program? Yes No

Do you smoke? If yes, how often: _____ Yes No

Do you drink alcoholic beverages? If yes, how often: _____ Yes No

Please list any medications you are currently taking that would affect your treatment by first responders given an emergency situation: _____

GENERAL QUESTIONS

Please list your fitness goals. Be specific: _____

Give 2-3 body parts you are specifically want to focus on: _____

On a scale of 1-10 how serious are you about achieving your fitness goals? _____

How many days a week does fitness fit you to your schedule? _____

Have you been a member of a health club before? Yes No

Have you been exercising regularly for the past 6 months? Yes No

What external factors have derailed your progress in the past? _____

Are there any events coming up in your life that will help motivate you to reach your goals?

RELEASE AND WAIVER OF LIABILITY

MEMBER’S ACKNOWLEDGEMENT OF ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF SOUTHERN COLUMBUS CROSS TRAINING, LLC.

Member acknowledges that the Personal Training/Fitness Assessment hereunder includes participation in strenuous physical activities, including but not limited to, weight training, running, rowing, jumping, and various other cardiovascular activities (the “Physical Activities”). Member acknowledges these Physical Activities involve inherent risk of physical injuries or other damages, including, but no limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and other illness, soreness, or injury however caused, occurring during or after the Members participation in the Physical Activities.

Member further acknowledges that such risks include but are not limited to, injuries caused by the negligence of an instructor or other person, defective or improperly used equipment, over exertion of a Member, slip and fall by Member, or an unknown health problem of Member. Member agrees to assume all risk and responsibility involved with participation in the Physical Activities.

Member affirms that Member is in good physical condition and does not suffer from any disability that would prevent or limit participation in the Physical Activities. Member acknowledges that participation will be physically and mentally challenging, and Member agrees that it is the responsibility of Member to seek competent medical or other professional advice regarding any concerns involved with the ability of Member to take part in the Physical Activities.

By signing this Agreement, Member asserts that he or she is capable of participating in the physical activities. Member agrees to assume all risk and responsibility for exceeding his or her own physical limits. Member, on behalf of Member, his or her heirs, assigns the next of kin, agrees to fully release Southern Columbus Cross Training, LLC (as well as any of its owners, related entities, employees or other authorized agents, including Independent Contractors) from any and all liability, claims and/or litigation actions that Member may have for injuries, disability or death or other damages of any kind, including but not limited to punitive damages, arising out of participation in the Physical Activities, including but not limited to the Personal Training/Nutritional Program and the Physical Activities, even if caused by the negligence, intentional acts or omissions and/or any other type of fault of Southern Columbus Cross Training, LLC, it’s owners, employees or other authorized agents including Independent Contractors.

Member Signature: _____

Date: _____