



Informed Consent Agreement

Thank you for choosing to use the facility, services, or programs of **ZenRock Fitness**. We request your understanding and cooperation in maintaining both your and our safety by reading and signing the following informed consent agreement.

I, _____ declare that I intend to use some or all of the activities, facilities, programs or services offered by **ZenRock Fitness** and I understand that each person, myself included, has a different capacity for participating in such activities. Facilities, services and programs offered are either educational, recreational, or self directed in nature. I assume full responsibilities, during and after my participation. For my choices to use or apply, at my own risk any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choices to participate in any activity, service, and program of **ZenRock Fitness** brings with it my assumptions of those risks or results stemming from this choice and the fitness, health awareness, care, and skill that I possess and use.

I recognize that by participating in the activities, facilities, programs, and services offered by **ZenRock Fitness**, I may experience potential health risks such as, but not limited to, transient light headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, or nausea and that I willfully assume those risks. I acknowledge my obligation to immediately inform the nearest trainer, supervisor and/or instructor of any pain, discomfort, fatigue or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a trainer, supervisor, or instructor who observes any symptoms of distress or abnormal response.

I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs and services offered by ZenRock Fitness at any time before, during or after my participation.

I declare that I have read, understood and agree to contents of this informed consent agreement in its entirety.

Signature _____ Date _____

Printed Name _____ Email Address _____



Training Policies

One-on-One Training Agreement:

- You may reschedule a workout session **up to 12 hours before** the scheduled session without penalty.
- If you arrive late, unless arrangements have been made with a trainer, you will only receive the remaining scheduled time for your session.
- If you do not show up or reschedule an appointment, you will be charged for that session.
- There are no refunds for unused sessions.
- Training packages expire two years from date of purchase.

I have read, understand and agree to the training policies listed above.

Client Signature: _____ Date: _____



Payment Policies

Payment and Account Agreement:

- ZenRock Fitness accepts payment in the form of check or credit card.
- ZenRock Fitness requires all clients to keep a current credit card on file, regardless of preferred payment method. If your account accrues a negative balance, we will use the credit card on file as a backup form of payment.
- We share your concerns about credit card fraud and identify theft. We partner with a payment processor that uses PCI Level I Data Security Standards. This is the most rigorous standard, set by the payment card industry itself. Your credit card information is completely secure and it is not accessible to any of our employees at any time. For more information, please contact info@zenrockfitness.com

Credit Card Authorization

I, _____ (name of card owner) authorize ZenRock Fitness to charge my credit card if my account accrues a negative balance. This includes cancellation of sessions not honoring the 12-hour cancellation policy as well as missed sessions. I guarantee payment for any services rendered or retail purchases. I understand it is my responsibility to ensure my credit card information is kept current.

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (3 digits on back of card. For AMEX, 4 digits on front of card)

Signature: _____

Please check this box **if you do not wish to provide your credit card information in the form above.** Your trainer will ask for your card and swipe it directly into our secure system.



Health History Questionnaire

Name: _____

Home Address: _____

City: _____ Zip Code: _____

Email Address: _____

Telephone (Home): _____ (Cell): _____

May we contact you about your appointments if necessary? Yes No

Birth Date: _____ Age: _____

Gender: Male Female

How did you hear about ZenRock? _____

Regular physical activity is safe for most people. However, some individuals should check with their physician before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise please read the following questions carefully and answer each one honestly. All information will be kept confidential.

Please check YES or NO:

	YES	or	NO
Has a physician ever told you that you have a heart condition?	___		___
Do you frequently have pains in your jaw, heart or chest area?	___		___
Have you ever experienced a stroke?	___		___
Do you often feel faint or have spells of severe dizziness?	___		___
Do you have epilepsy?	___		___
Do you have diabetes?	___		___
Do you have emphysema?	___		___
Do you have asthma?	___		___
Do you have any bone or joint problems that restrict you from participating in physical activity?	___		___

Please describe: _____



YES or NO

Have you had any recent surgeries? _____

If yes, describe surgery/surgeries and include date(s): _____

Has a physician ever told you or are you aware that you have high blood pressure? (>/140/90mmHg) _____

What is it? _____

Has a physician ever told you or are you aware that you have a high cholesterol level? (>200 Mg/dL) _____

What is it? _____

Has anyone in your immediate family (parent/brother/sister) ever had a heart attack, stroke, or cardiovascular disease before age 55? _____

Do you currently smoke? _____

If yes, how much? _____

Have you recently quit smoking within the last 6 months? _____

Are you currently exercising LESS than 1 hour per week? _____

If not, please explain how frequently you exercise: _____

Has a doctor ever told you that you need to exercise? _____

What activities do you enjoy? _____

Are you currently taking any medications? _____

Please list all of them:

Do you have a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? _____

If yes, please explain: _____

For Women's Use		
Are you pregnant?	_____	_____
If so, what trimester are you in?	_____	
Have you experienced any complications?	_____	_____



ZenRock Fitness Liability Form

I understand that exercise programs can possibly create physical stress with harmful effects. I agree it is entirely my responsibility and not the responsibility of ZenRock Fitness to require me to consult with a physician prior to my initiating an exercise program or to remain under medical supervision if it is indicated or to seek medical assistance in the event of an injury. I also understand that exercise equipment and exercise programs can cause injury, including broken bones and even death, and I agree that I will take full responsibility for my actions or accidental injury and will use the facility with care and caution.

Signature _____

Date _____

Emergency Contact Name: _____

Relationship to You: _____

Primary Phone: _____

Secondary Phone: _____

Staff Use Only

Cleared to exercise **Yes** **No**

Reason _____

Staff Signature _____

Date _____



Name: _____

Goals and Expectations

What do you want to accomplish from your training program at ZenRock Fitness?

1.

2.

3.

Why do you want to accomplish these goals?

1.

2.

3.

What's getting in the way of your goals?

1.

2.

3.



What strategies can you implement to overcome these obstacles?

1.

2.

3.

4.

Any background information or personal history you would like to share?

What is your experience with training in the past?

What historically has not worked your previous trainers?

What do you need from your trainer to support your goals?