



## 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](mailto:info@zenrockfitness.com)

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### 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?**