



## 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



## 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: \_\_\_\_\_



## 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              They

How did you hear about ZenRock? \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

*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: \_\_\_\_\_

Have you had any recent surgeries? YES or NO	___		___
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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)

YES or NO

What is it? \_\_\_\_\_

Has a physician ever told you or are you aware that you have a high cholesterol level? (>200 Mg/dL) Yes or NO



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 or supplements? \_\_\_\_\_

Please list all of them:

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



## Delving Deeper: Wellness check in, goals, and expectations

### Dietary Questions:

How often do you eat in a day?

How many times do you eat at a restaurant or get take out a week?

How much water do you drink a day?

What is your elimination like daily? (Please circle)

More than once a day    Once a day    Once every two days    Once every week    Inconsistent

### Sleep Patterns:

What time do you go to bed? \_\_\_\_\_ What time do you regularly go to sleep? \_\_\_\_\_

What time do you wake up? \_\_\_\_\_ Do you wake up during the night? \_\_\_\_\_

How often? \_\_\_\_\_ Is it easy to go back to sleep? \_\_\_\_\_

Describe any sleep issues you have:

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If you experience sleep challenges what do you think is the primary cause?



### Stress Check in:

How would you rate your stress level on a scale of 1-10 (10 being extremely stressed)?

How much energy do you have? (circle the option below)

High    Low    Variable    Dips

Do you take naps? \_\_\_\_\_ How often? \_\_\_\_\_ How long? \_\_\_\_\_

Do you meditate? \_\_\_\_\_ How often? \_\_\_\_\_ If no, are you interested in learning?

\_\_\_\_\_

Have you practiced yoga? \_\_\_\_\_ If yes, when was the last time? \_\_\_\_\_

### Goals & Expectations:

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

1.

2.

3.



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

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

*Thank you for taking the time to answer these questions thoughtfully. It will help us better understand who you are and where you are starting from. Our goal at ZenRock is to help you reach your health and wellness goals. We will revisit these same questions to see what has changed in the coming months. Here is to your health and vitality!*

*Warmly,*

*ZenRock Team*