



Informed Consent Agreement for ZenRock Fitness

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 _____



Find your Zen.

ZenRock Fitness Training Policies

18047 68th St. B-100
Redmond, WA 98052
425-591-9528

One-on-One Training Agreement

- You may reschedule a workout session one day (24 hrs) before the scheduled session without penalty. You will have 10 days to make up a missed session.
- 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.

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

Client Signature: _____ **Date:** _____



Health History Questionnaire

Name: _____

Home Address: _____

Email Address: _____

Telephone (Day) _____ (Evening) _____

May we contact you about your appointments if necessary? Y or N

Birth Date _____ Age _____

Gender _____ 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?	___		___

For Women's Use

Are you pregnant?	___		___
If so, what trimester are you in? _____			
Have you experienced any complications?	___		___

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: _____			

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_____

Phone_____

Staff Use Only

Cleared to exercise Yes No

Reason_____

Staff Signature_____

Date_____



Name: _____

ZenRock Fitness Goals and Expectations

Goals

What I'm trying to accomplish

1.

2.

Reasons I want to accomplish these goals

1.

2.

Result I'm looking for

1.

2.

3.

What's in the way of my goals

1.

2.

3.

The real obstacle to achieving this goal

- 1.
- 2.

Strategies I can implement to overcome these obstacles

- 1.
- 2.
- 3.
- 4.

My Background Information:

Training

My experience with training in the past

What historically has not worked with past trainers

What I need from my trainer