NEW CLIENT PACKET • PLEASE COMPLETE BEFORE YOUR FIRST SESSION

Fitness Client Intake Forms

Marc Andrew Fitness

Welcome. This packet collects the information your trainer needs to design a safe, effective program for you, contact you about sessions, and respond appropriately in an emergency. It also includes the informed consent, waiver and release, and optional photo / video release you will be asked to sign.

How to complete this packet

- Print clearly. Answer every question as completely as you can - do not leave health questions blank.
- If a question does not apply to you, write "N/A."
- Tell your trainer right away if any answer changes - new injury, new medication, new diagnosis, pregnancy, or new pain.
- Your health information is kept private and is used only to plan and deliver your training, except where disclosure is required by law or needed in an emergency.
- Complete and sign the packet, including the Waiver and Release on page 7, before training begins.

1 Client Information

FULL LEGAL NAME

PREFERRED NAME

DATE OF BIRTH

AGE

PRONOUNS (OPTIONAL)

HOME ADDRESS - STREET, CITY, STATE, ZIP

MOBILE PHONE

EMAIL ADDRESS

PREFERRED CONTACT METHOD

☐ Call ☐ Text ☐ Email

OCCUPATION

HOW DID YOU HEAR ABOUT MARC ANDREW FITNESS?

REFERRED BY (IF APPLICABLE)

2 Emergency Contact and Physician

Emergency contact

NAME

RELATIONSHIP TO YOU

MOBILE PHONE

ALTERNATE PHONE

Physician / primary care provider

PHYSICIAN NAME

PRACTICE / CLINIC

PHONE

DATE OF LAST PHYSICAL EXAM

☐ I do not have a primary care physician at this time.

3 Readiness Screening - PAR-Q+ Style Questions

Answer honestly. These questions screen for conditions that may require medical clearance before exercise. Circle or check **Yes** or **No** for each.

1. Has a doctor ever said you have a heart condition, or that you should only exercise under medical supervision?	**Yes / No**
2. Do you feel pain in your chest when you do physical activity, or have you had chest pain in the past month when not active?	**Yes / No**
3. Do you lose your balance because of dizziness, or have you ever lost consciousness?	**Yes / No**
4. Do you have a bone, joint, or soft-tissue problem (for example back, knee, or shoulder) that could be made worse by exercise?	**Yes / No**
5. Are you currently taking medication for blood pressure or a heart condition?	**Yes / No**
6. Has a doctor told you that you have high blood pressure, high cholesterol, diabetes, asthma, or another chronic condition that affects exercise?	**Yes / No**
7. Do you know of any other reason why you should not do physical activity?	**Yes / No**

IF YOU ANSWERED YES TO ANY QUESTION ABOVE, EXPLAIN HERE

Important: If you answered **Yes** to any question in this section, or if you are pregnant, recently had surgery, or are recovering from an injury or illness, your trainer may require written clearance from your physician before your first session. Do not begin a new exercise program until that clearance is received.

4 Medical History Detail

Check every condition you have now, or have had in the past. Add details where asked.

- ☐ Heart disease / heart attack
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Asthma / breathing problems
- ☐ Back, neck, or spinal problems
- ☐ Seizures / epilepsy
- ☐ Thyroid condition
- ☐ Cancer (past or current)
- ☐ Eating disorder (past or current)
- ☐ Stroke
- ☐ Low blood pressure
- ☐ Diabetes - Type 1 / Type 2
- ☐ Arthritis / joint problems
- ☐ Osteoporosis / low bone density
- ☐ Fainting / dizziness
- ☐ Kidney or liver condition
- ☐ Anxiety, depression, or other mental health condition affecting exercise
- ☐ None of the above

OTHER CONDITION(S) NOT LISTED

Medications and supplements

List all prescription and over-the-counter medications, and any supplements, you currently take - including dose and reason, if known.

Medication / supplement	Dose	Reason / condition

Injuries, surgeries, and pain

PAST INJURIES (WHAT, WHEN, FULLY RECOVERED? YES / NO)

SURGERIES OR HOSPITALIZATIONS (WHAT, WHEN)

CURRENT PAIN OR DISCOMFORT - WHERE, HOW OFTEN, 0-10 SEVERITY

ALLERGIES (MEDICATIONS, FOODS, LATEX, OTHER)

ARE YOU PREGNANT, OR HAVE YOU GIVEN BIRTH IN THE LAST 12 MONTHS?

- ☐ Yes
- ☐ No / N/A

- ☐ I smoke / vape
- ☐ I use alcohol regularly

5 Lifestyle, Nutrition, Sleep, and Stress

ON A TYPICAL WORKDAY, I SIT / STAND / MOVE

AVERAGE DAILY STEPS (IF KNOWN)

HOURS OF SLEEP PER NIGHT (AVERAGE)

SLEEP QUALITY (POOR / FAIR / GOOD / EXCELLENT)

CURRENT STRESS LEVEL (LOW / MODERATE / HIGH)

MAIN SOURCES OF STRESS (OPTIONAL)

Nutrition habits

DESCRIBE A TYPICAL DAY OF EATING AND DRINKING

MEALS / SNACKS PER DAY

WATER INTAKE PER DAY

DIETARY RESTRICTIONS, FOOD ALLERGIES, OR EATING PATTERN (VEGETARIAN, ETC.)

NUTRITION GOALS OR CONCERNS

Note: Your trainer can offer general nutrition and healthy-habit guidance only. That guidance is not medical nutrition therapy, a meal prescription, or a substitute for care from a registered dietitian or physician.

6 Fitness History, Goals, and Preferences

Current and past exercise

HOW WOULD YOU RATE YOUR CURRENT ACTIVITY LEVEL? (SEDENTARY / LIGHTLY ACTIVE / ACTIVE / VERY ACTIVE)

WHAT EXERCISE DO YOU DO NOW - TYPE, HOW MANY DAYS PER WEEK, HOW LONG?

EXERCISE YOU HAVE DONE IN THE PAST, AND WHAT YOU LIKED / DISLIKED

HAVE YOU WORKED WITH A PERSONAL TRAINER BEFORE? IF YES, WHAT WORKED WELL?

Starting measurements (optional - trainer may complete with you)

HEIGHT

WEIGHT

RESTING HEART RATE

BLOOD PRESSURE (IF KNOWN / MEASURED)

BODY MEASUREMENTS / NOTES

6 (continued) Your Goals

Check all that apply, then rank your top three with 1, 2, and 3.

- ☐ Lose weight / reduce body fat Rank: ____
- ☐ Improve endurance / cardio fitness Rank: ____
- ☐ Reduce pain / move better day to day Rank: ____
- ☐ Train for a sport or event Rank: ____
- ☐ General health and consistency Rank: ____
- ☐ Build muscle / get stronger Rank: ____
- ☐ Improve flexibility / mobility Rank: ____
- ☐ Improve balance / posture Rank: ____
- ☐ Improve energy, sleep, or stress Rank: ____
- ☐ Other (describe below) Rank: ____

DESCRIBE YOUR MAIN GOAL IN YOUR OWN WORDS - WHAT WILL SUCCESS LOOK LIKE, AND BY WHEN?

WHAT HAS STOPPED YOU FROM REACHING THIS GOAL BEFORE?

HOW MOTIVATED ARE YOU RIGHT NOW, 1-10? WHAT WOULD RAISE THAT NUMBER?

Training preferences and availability

SESSIONS WANTED PER WEEK

PREFERRED SESSION LENGTH (FOR EXAMPLE 30 MINUTES)

DAYS AND TIMES YOU ARE USUALLY AVAILABLE

- ☐ Online via Zoom
- ☐ One-to-one training
- ☐ In person
- ☐ Group / class training

EQUIPMENT YOU HAVE ACCESS TO (DUMBBELLS, BANDS, BENCH, NONE, ETC.)

WHERE WILL YOU TRAIN? (HOME, GYM, OTHER) - AND IS THE SPACE CLEAR AND SAFE FOR MOVEMENT?

ANYTHING ELSE YOUR TRAINER SHOULD KNOW - PREFERENCES, EXERCISES YOU LOVE OR WANT TO AVOID, LEARNING STYLE

7 Training Policies - Please Read and Initial

Your trainer will confirm the specific rates, package details, and notice periods that apply to you. Where a blank appears, the trainer completes it before you sign.

Payment. Sessions and packages are paid in advance through the booking / payment method confirmed at signup. Training does not begin until payment arrangements are complete. **Initials:** _____

Cancellation / rescheduling. Please give at least 24 hours notice to cancel or reschedule a session without charge. Sessions cancelled with less notice, and no-shows, may be charged / counted as used in full. **Initials:** _____

Lateness. If you arrive or join late, your session may still end at the scheduled time so the next client is not delayed. If you are more than 15 minutes late, the trainer may treat the session as a no-show. **Initials:** _____

Trainer cancellation. If your trainer must cancel, you will be offered a rescheduled session or a credit for that session. **Initials:** _____

Refunds and package expiry. Refund and expiry terms: No refunds. Unused sessions may expire on the date stated at purchase. **Initials:** _____

Online sessions. For Zoom / online sessions, you are responsible for a clear, hazard-free training space, suitable clothing and footwear, a charged device, and a working internet connection. Keep your camera positioned so your trainer can see your full body and form. **Initials:** _____

Health updates and stopping. You will tell your trainer about any pain, dizziness, illness, injury, or change in health, and you will stop exercising and tell your trainer immediately if you feel pain, chest discomfort, severe breathlessness, dizziness, or nausea. **Initials:** _____

No medical advice. Personal training is not medical care. Your trainer does not diagnose, treat, or prescribe, and training is not a substitute for medical advice, diagnosis, or treatment. **Initials:** _____

Results. Results vary by individual effort, consistency, health, and factors outside the trainer's control. No specific result - including weight loss or muscle gain - is guaranteed. **Initials:** _____

8 Informed Consent and Assumption of Risk

I understand that participation in a fitness program - including cardiovascular exercise, resistance training, flexibility and mobility work, balance training, and any assessments - involves physical exertion and carries inherent risks. Those risks include, but are not limited to, muscle soreness and strains, sprains, falls, abnormal blood pressure or heart rate, fainting, and, in rare cases, serious injury, heart attack, stroke, or death.

I understand that I should consult a physician before beginning this or any exercise program, especially if any screening answer in this packet was "Yes." I confirm that the information I have provided in this packet is complete and accurate to the best of my knowledge.

I voluntarily choose to participate. I agree to follow my trainer's instructions, to use equipment only as instructed, to work within my own limits, and to stop and report any pain or concerning symptom immediately. I understand I may decline any exercise, and may stop participating at any time.

Assumption of risk: Knowing these risks, I voluntarily assume all risks of injury, illness, or damage arising from my participation, including risks from my own health conditions, my training space and equipment (for online sessions), and the ordinary negligence of the trainer or business, to the extent described in the Waiver and Release that follows.

9 Waiver and Release of Liability

Please read this section carefully. By signing, you give up certain legal rights. If you do not understand any part of it, ask your trainer - and, if you wish, an attorney - before signing. This is a general template form; it is not legal advice.

In consideration of being permitted to participate in personal training, group fitness classes, online / Zoom sessions, assessments, and related activities (together, "Training") provided by Marc Andrew Fitness, its owner, trainers, employees, contractors, and agents (together, "Released Parties"), I agree as follows:

1. Release and waiver

I release, waive, and discharge the Released Parties from any and all liability, claims, and demands for personal injury, illness, death, or property damage arising out of or related to my participation in Training, including claims based on the ordinary negligence of a Released Party, to the fullest extent permitted by applicable law. This release does not apply to claims arising from gross negligence, recklessness, or intentional misconduct, or to any claim that cannot be released under applicable law.

2. Covenant not to sue

I agree not to sue any Released Party for any claim released in paragraph 1.

3. Indemnification

I agree to indemnify and hold harmless the Released Parties from claims, damages, and reasonable attorneys' fees brought by a third party arising from my participation, my breach of this agreement, or my acts or omissions during Training - including claims by a guest, family member, or other person present in my training space during an online session.

4. Health representation

I represent that I am physically able to participate, that my answers in this packet are true and complete, and that I will obtain physician clearance if requested by my trainer or if any screening answer was "Yes." I will update my trainer promptly if my health changes.

5. Emergency care

If I am injured or become ill during Training, I authorize the Released Parties to provide or arrange emergency first aid and transportation, and to share relevant health information from this packet with emergency responders. I understand I am responsible for any medical costs incurred.

6. General terms

This agreement is binding on me and my heirs, executors, administrators, and assigns. If any part of it is held unenforceable, the remaining parts continue in full effect, and the unenforceable part will be narrowed to the minimum extent necessary to make it enforceable. This agreement is governed by the laws of the State of New York. This packet, including this Waiver and Release, is the entire agreement about its subject and supersedes prior oral or written statements about it.

I have read, understood, and voluntarily agree to this Waiver and Release. Initials:

10 Photo / Video Release - Optional

This section is optional. Declining it does not affect your ability to train. Check one box, then sign below if you grant permission.

☐ **I grant permission.** Marc Andrew Fitness may photograph / record me during Training and use those images / recordings, and my first name and testimonial, for marketing - including its website, social media, and printed materials - without compensation. I understand I may revoke this permission in writing at any time, and revocation applies going forward.

☐ **I do NOT grant permission.** Do not use my image, recording, or testimonial for marketing.

CLIENT SIGNATURE (IF GRANTING PERMISSION) _____ **DATE** _____

11 For Clients Under 18 - Parent / Guardian Consent

Complete only if the client is under 18. I am the parent or legal guardian of the client named in this packet. I have read the entire packet, including the Informed Consent, Assumption of Risk, and Waiver and Release, and I consent to my child's participation on those terms, on my child's behalf and on my own behalf.

PARENT / GUARDIAN PRINTED NAME _____ **RELATIONSHIP TO CLIENT** _____

PARENT / GUARDIAN SIGNATURE _____ **DATE / PHONE** _____

12 Client Acknowledgement and Signature

By signing below, I confirm that: I have read and understood this entire packet; my answers are true and complete; I agree to the Training Policies in Section 7, the Informed Consent and Assumption of Risk in Section 8, and the Waiver and Release of Liability in Section 9; and I will update my trainer if any information in this packet changes.

CLIENT PRINTED NAME _____ **DATE** _____

CLIENT SIGNATURE _____

Trainer Use Only - do not complete

DATE RECEIVED / REVIEWED BY _____ **PAR-Q+ - ANY YES ANSWERS? YES / NO** _____

PHYSICIAN CLEARANCE REQUIRED? RECEIVED ON: _____ **CLEAR TO TRAIN? (FULL / MODIFIED / NOT YET)** _____

MODIFICATIONS, RED FLAGS, AND FOLLOW-UPS _____

PROGRAM START DATE / PACKAGE PURCHASED _____

Keep the signed original on file and give the client a copy. Review and update this packet at least annually, and whenever the client's health, medications, or goals change.