



Personal Training Questionnaire & Waiver

17910 E. Parkside Drive North, Commerce City, CO 80022

Date: _____

Personal Information

Full Name		Date of Birth
Address	City	Zip Code
Phone	Email	
Emergency Contact	Phone	

Health History

Have you ever had: (check all that apply)	Have any relatives ever had: (check all that apply)	Do you currently experience: (check all that apply)
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Palpitations
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Chest Pains
<input type="checkbox"/> Stroke	<input type="checkbox"/> Heart Operations	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Congenital Heart Disease	<input type="checkbox"/> Cancer
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Other major illness	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Arteriosclerosis		<input type="checkbox"/> Back Pain
<input type="checkbox"/> Heart Murmur		<input type="checkbox"/> Swollen Legs
<input type="checkbox"/> Lung Disease		<input type="checkbox"/> Smoking
<input type="checkbox"/> Diabetes Mellitus		<input type="checkbox"/> Sedentary
<input type="checkbox"/> Epilepsy		
<input type="checkbox"/> Varicose Veins		
<input type="checkbox"/> Operations		
<input type="checkbox"/> Injuries to back, knees, ankles		

If yes, please explain: _____

Fitness Goals

How often do you exercise? <input type="checkbox"/> 0-3 days a week <input type="checkbox"/> 4-7 days a week	What is your availability for training? <input type="checkbox"/> Days <input type="checkbox"/> Weekend <input type="checkbox"/> Evenings
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What activities do you enjoy?

What would you like to accomplish with a personal trainer?
(check all that apply)

<input type="checkbox"/> Lose Fat	<input type="checkbox"/> Gain Flexibility	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Tone Muscles	<input type="checkbox"/> Gain Mass	
<input type="checkbox"/> Improve Cardiovascular	<input type="checkbox"/> Improve Strength	

Liability Waiver

The Americans with Disabilities Act (ADA) provides protection for individuals with disabilities in employment, public accommodation, and provision of service. The RRC is committed to implementing, supporting, and following all applicable provisions of this act. Questions, comments, and suggestions regarding ADA issues should be referred to the Reunion Recreation Center, 303-288-5431.

I, _____, as the Participant or as the parent or legal guardian of the Participant, understand that the registered activities and services may have an element of hazard or inherent danger, and I take full responsibility for my/the Participants actions and physical condition in engaging in such activities and services. I agree to hold harmless the REUNION METROPOLITAN DISTRICT and its directors, employees and agents from any liability, loss, cost or expense (including but not limited to attorney's fees, medical and ambulance costs) that may be incurred while participating in the registered activities and services. In the absence of a signature below, payment of fees and participation in the program shall constitute express acceptance of the conditions set forth in this release.

Signature: _____ Date: _____

For Office Use Only

Date received: _____

Date contacted by trainer: _____

Comments: _____

