

# COACHING AGREEMENT & RELEASE OF LIABILITY

I hereby accept all risks associated with the participation in coaching provided by BODYFIT LA, LLC, its personal trainers/nutritionists ("COACH") and other employees ("RELEASEES") and release and forever discharge BODYFIT LA, LLC, its COACH's and other RELEASEES from any and all responsibilities or liability from injuries or damages resulting from or connected with the participation in any of their programs whether arising from the negligence of the RELEASEES or otherwise.

- I acknowledge and fully understand that I might be engaging in physical activities that potentially involve the risk of serious injury, permanent disability or death. Other possible risks may include social and economic losses which might result not only from RELEASEES own actions, inactions, or negligence, but the actions, or negligence of others, the condition of the premises or any equipment. Further, that there may be other risks not known or not reasonably foreseeable at this time. I hereby assume full responsibility for all the foregoing risks, known and unknown, and accept responsibility for the damages following any injury, permanent disability, or death.
- I further acknowledge and understand that BODYFIT LA, LLC, its COACH's and other RELEASEES are not physicians and that any information or guidelines provided by BODYFIT LA, LLC, its COACH's and other RELEASEES carries no warranty of any kind, expressed or implied, including, but not limited to, warranties regarding safety or suitability for a particular purpose.
- BODYFIT LA, LLC and its employees will implement the most effective principals to help the participant achieve his or her goals within the COACH's scope of practice, but cannot guarantee that its products, workouts or coaching will be safe, effective or suitable for everyone. For that reason, all such products and services, programs, techniques and materials embodied in such products and services, are offered without warranties or guarantees of any kind, expressed or implied, and the COACH, BODYFIT LA, LLC and its employees disclaim any liability, loss or damages that may result from their use.
- I understand that a physician's approval is highly recommended prior to participating in any health and wellness program and have either obtained approval from my physician or have signed the "Acknowledgment of Risks Without a Medical Release Form" if I meet one or more of the following criteria: 1) am male age 45 or older, 2) am female age 55 or older, 3) answered "yes" to one or more questions in the "PAR-Q" section of the Health & Lifestyle Questionnaire, 4) checked any boxes: in the "Medical History", "Current Medications", "Allergies" sections of the Health & Lifestyle Questionnaire.
- I also acknowledge that some programs might be held outside of a gym or office environment owned by BODYFIT LA, LLC, and hereby accept all risk associated with all offsite programs.
- The information I have provided/will provide via questionnaires, phone, email, in-person, or by any other means of communication is accurate to the best of my knowledge.
- The recommendations I will receive from my COACH are not a substitute for medical advice from a qualified doctor.
- The advice I will receive from my COACH is personal and applies to me only. This same advice may be ineffective or even harmful when applied to other people with different backgrounds.

- I must communicate to my COACH any changes in my medical prescriptions or treatments for the duration of my coaching.
- I must inform my COACH promptly if any of my new changes in diet or lifestyle start to cause me adverse effects.
- I understand that the advice I shall receive will not be enough to achieve my health and wellness goals unless I follow it diligently and commit to it fully.
- I understand any changes in my diet and lifestyle may produce effects in my body, energy, health, and condition that are gradual in nature – not instantaneous.
- I understand that, although my COACH will endeavor to help me achieve my health and wellness goals to the extent possible, the possibility exists that I may not fully attain my goals due to factors outside the control of my COACH.
- I hereby grant permission to my COACH, BODYFIT LA, LLC and its employees to use photographs and/or video of me in publications, news releases, online, and in other communications for marketing purposes.
- I have read this document in its entirety and agree to adhere to all its precepts, as well as all other terms and conditions of the coaching. I understand the risks and benefits of the coaching and any questions that I may have had, have been answered to my satisfactions. Upon participation, I do hereby discharge, release and hold harmless the COACH, BODYFIT LA, LLC and its employees from any and all liability for damage claims or losses of any kind or character whatsoever resulting from any injury or condition I may suffer, or resulting from my participation.

**I have read and understand the terms above and I agree to them.**

\_\_\_\_\_  
Participant's Name (Printed)

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian  
(If participant is under the age of 18)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(If participant is under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Client Code of Conduct

Clients will adhere to the following:

1. Each training session or package must be prepaid **before** the initial session starts.  
\*A \$30 fee will be accrued per bounced check.
2. **Any cancellations, or rescheduling** that cannot be made up the same day of the session, must be made at least **24 hours before the scheduled time**, or the client will be charged for that session. For example, if a session is scheduled for tomorrow at 7 AM, the client must notify their trainer by 7 AM the day before the session to not be charged for that session.
3. If the client is late to a session, the session will last until the end of the hour that was originally agreed upon. For example, if a session was scheduled for 4:00 PM-5:00 PM, and the client arrives at 4:10 PM; the session will still end at 5:00 PM. If a client is more than 15 minutes late to a session, the trainer is not obligated to stay past that time to wait.
4. The client may not cancel their ongoing personal training package unless one of the following applies:
  - Refunds are issued with a medical release (from your doctor) only.
  - **Provides at least a 30 days written notice of cancelation.**

The client must adhere to **all** policies and regulations.

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Participant's Signature

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Signature of Parent/Legal Guardian  
(If participant is under the age of 18)

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Date

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Date

## Health/Medical History Questionnaire

DOB: \_\_\_/\_\_\_/\_\_\_

Name (Client): \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Whom may we contact in case of emergency?

Name of contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Personal Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Personal History

Please indicate whether you have previously had, or currently have, one or more of the following conditions  
(Please Indicate **C** for current or **P** for previous)

Recent operation	
Injury to back or knees	
Lung disease:	
Rheumatic fever	
High blood pressure	
Low blood pressure	
Seizures	
Heart attack	
Fainting or dizziness	
Diabetes	
High cholesterol	
Chest pain	
Bradycardia: (slow heart beat)	
Tachycardia (rapid heart beat)	
Pain in the chest, neck, jaw, arms	
Shortness of breath	
Heart murmur	
Edema (swelling of ankles)	
Intermittent claudication (calf cramping)	
Taking medication(s) that may effect your heart or otherwise ability to function "normally" in an exercise program	
Other	

### Family History

Have any of your 1<sup>st</sup> degree relatives (e.g. siblings, parents, etc.) experienced any of the following?  
Check if yes and state at what age.

Heart attack	
Heart disease	
High blood pressure	
High Cholesterol	
Diabetes	
Other major illness	

Explain any current conditions you may have: What medications are you currently taking?


# PAR-Q+

## The Physical Activity Readiness Questionnaire for Everyone






The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

### GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered NO to all of the questions above, you are cleared for physical activity.**

**Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.**

-  Start becoming much more physically active – start slowly and build up gradually.
-  Follow Global Physical Activity Guidelines for your age (<https://www.who.int/publications/i/item/9789240015128>).
-  You may take part in a health and fitness appraisal.
-  If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
-  If you have any further questions, contact a qualified exercise professional.

#### PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.




NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER \_\_\_\_\_

 **If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.**

#### Delay becoming more active if:

-  You are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
-  You are pregnant. In this case, talk with your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-X+ at [www.eparmedx.com](http://www.eparmedx.com) before becoming more physically active.
-  Your health changes. Answer the questions on Pages 2 and 3 of this document and/or talk to your health care practitioner, physician, or qualified exercise professional before proceeding with any physical activity program.

# PAR-Q+

## FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

### 1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c If **NO**  go to question 2

- 1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES  NO
- 
- 1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? YES  NO
- 
- 1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? YES  NO

### 2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b If **NO**  go to question 3

- 2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? YES  NO
- 
- 2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? YES  NO

### 3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d If **NO**  go to question 4

- 3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES  NO
- 
- 3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) YES  NO
- 
- 3c. Do you have chronic heart failure? YES  NO
- 
- 3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? YES  NO

### 4. Do you currently have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b If **NO**  go to question 5

- 4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES  NO
- 
- 4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure) YES  NO

### 5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e If **NO**  go to question 6

- 5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES  NO
- 
- 5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. YES  NO
- 
- 5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? YES  NO
- 
- 5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES  NO
- 
- 5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES  NO

# PAR-Q+

**6. Do you have any Mental Health Problems or Learning Difficulties?** This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome

If the above condition(s) is/are present, answer questions 6a-6b

If **NO**  go to question 7

6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES  NO

6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? YES  NO

**7. Do you have a Respiratory Disease?** This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure

If the above condition(s) is/are present, answer questions 7a-7d

If **NO**  go to question 8

7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES  NO

7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? YES  NO

7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? YES  NO

7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES  NO

**8. Do you have a Spinal Cord Injury?** This includes Tetraplegia and Paraplegia

If the above condition(s) is/are present, answer questions 8a-8c

If **NO**  go to question 9

8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES  NO

8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES  NO

8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES  NO

**9. Have you had a Stroke?** This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event

If the above condition(s) is/are present, answer questions 9a-9c

If **NO**  go to question 10

9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES  NO

9b. Do you have any impairment in walking or mobility? YES  NO

9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES  NO

**10. Do you have any other medical condition not listed above or do you have two or more medical conditions?**

If you have other medical conditions, answer questions 10a-10c

If **NO**  read the Page 4 recommendations

10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? YES  NO

10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES  NO

10c. Do you currently live with two or more medical conditions? YES  NO

**PLEASE LIST YOUR MEDICAL CONDITION(S)  
AND ANY RELATED MEDICATIONS HERE:**





\_\_\_\_\_

\_\_\_\_\_

**GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.**

# PAR-Q+




 **If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:**

-  It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
-  You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
-  As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
-  If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

 **If you answered YES to one or more of the follow-up questions about your medical condition:**

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+ at [www.eparmedx.com](http://www.eparmedx.com)** and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

 **Delay becoming more active if:**

-  You are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
-  You are pregnant. In this case, talk to your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-X+ at [www.eparmedx.com](http://www.eparmedx.com) before becoming more physically active.
-  Your health changes. Talk to your health care practitioner, physician, or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

## PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

*I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.*

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER \_\_\_\_\_

**For more information, please contact**  
**[www.eparmedx.com](http://www.eparmedx.com)**  
**Email: [eparmedx@gmail.com](mailto:eparmedx@gmail.com)**

### Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). Health & Fitness Journal of Canada 4(2):3-23, 2011.

### Key References

1. Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(S1):S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(S1):S266-s298, 2011.
3. Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. British Columbia Medical Journal. 1975;17:375-378.
4. Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). Canadian Journal of Sport Science 1992;17:4 338-345.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.

# Acknowledgment of Risks Without a Medical Release Form

It is ***strongly*** recommended that all participants who meet one or more of the following criteria obtain a Medical Release from their physician before engaging in any exercise program:

- You are a male age 45 or older
- You are a females age 55 or older
- You answered “yes” to one or more of the questions on the PAR-Q
- You answered “C” to any of the items on the Health/Medical History Questionnaire
- You are taking any medications that may effect your heart or otherwise ability to function “normally” in an exercise program

If you meet at least one of the criteria listed above, you may be at an increased risk for illness, injury, or even death through participating in an exercise program. These associated risks include, but are not limited to: increased stress on the heart and circulatory system and/or increased risk of muscular skeletal injuries, each of which could lead to more serious complications.

With regard to the above mentioned risks and others, and to those meeting the above criteria, it is strongly recommended that participants meeting one or more of the above criteria be cleared by a physician before participating in a Personal Training Program.

By signing below, I \_\_\_\_\_ acknowledge the risks associated with exercise regimens, and acknowledge the increased risks associated with meeting the aforementioned criteria and yet refusal to obtaining a Medical Release Form prior to beginning or continuing my exercise regimen with my Personal Trainer from any and all liabilities associated with these increased risks.

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Participant’s Signature

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Signature of Parent/Legal Guardian  
(If participant is under the age of 18)

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Date

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Date