



RACESTART CONSULTATION SHEET

YOUR NAME (PRINT): _____ DATE: _____

AGE: _____ DOB: _____

PHONE NUMBER: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT (NAME): _____ PHONE: _____ RELATION: _____

YOUR PROFESSION: _____ NORMAL WORK HOURS?: _____

DO YOU WORK IN THE AREA? Yes No DO YOU LIVE IN THE AREA? Yes No

HOW DID YOU HEAR ABOUT US? _____

DO/DID YOU HAVE A PRIMARY GYM? Yes No IF YES, GYM NAME: _____

ARE YOU STILL A MEMBER? Yes No IF NO, REASON FOR LEAVING? _____

ARE YOU INTERESTED IN PERSONAL TRAINING? Yes No

HAVE YOU WORKED OUT WITH A PERSONAL TRAINER BEFORE? Yes No

RESTRICTIONS (CHECK ANY AND ALL THAT APPLY TO YOU)

- DIZZY SPELLS
- CURRENTLY PREGNANT
- THYROID
- HEART PROBLEMS
- ARTHRITIS
- ASTHMA/LUNG PROBLEMS
- PRIOR HEART ATTACK/STROKE
- SPINE/DISK PROBLEMS
- SURGERY IN PAST 6 MONTHS
- HIGH BLOOD PRESSURE
- SMOKER
- OTHER _____
- KNEE/HIP/SHOULDER ISSUES
- BONE/JOINT PROBLEMS
- HIGH CHOLESTEROL
- DIABETES

"THE NITTY GRITTY"

GOALS (CHECK WHICH APPLY TO YOU)

I WANT TO:

LOSE WEIGHT

BUILD STRENGTH

GAIN WEIGHT

RETAIN FLEXIBILITY

MAINTAIN MY WEIGHT

TRAIN FOR A SPECIFIC EVENT

I AM INTERESTED IN:

PERSONAL TRAINING

TEAM BRIDE

GROUP CLASSES

BOXING

YOGA

NUTRITION

I NORMALLY PREFER TO WORKOUT AT WHAT TIME:

MORNING

AFTERNOON

AFTER WORK

SPECIFIC TIME _____

RELEASE + LIABILITY:

Client acknowledges an assumption of risk and full release from liability. RaceStart Training clients acknowledge that the RS's training program here under Includes participation in strenuous physical activities, including but not limited to cardio, weight training, jumping, rowing, use of airdyne bike, gymnastic movements, rope work, push and pulling heavy weights and fitness plans offered by RaceStart Training. Client agrees to assume all risk and responsibility involved with the participation in the physical actives. Athlete affirms that they are in good physical condition and does not suffer from any disability that would prevent or limit participation in the physical activities. Client acknowledges that participation will be physically and mentally challenging, and client agrees that it is in the responsibility of the client to seek competent medical advice of an other professional regarding any concerns involved with the ability to take part in the activities provided by RaceStart Training. Client agrees to assume any and all risks and take responsibly for not exceeding his/her own physical limits. RS has unrestricted right to use and publish video and/or photographs of athlete, which may be included for editorial trade, product advertising and such other fashion/business purpose in any manner and medium. RS has unrestricted use of these for whatever purpose, including advertising, with any retouching or alteration without restriction. Athlete will not prosecute or to institute proceedings, claims or demands against either RS or his or her agents in respect of any usage of the above mentioned photographs/videos. Athlete hereby release RS from all claims and liability relating to images, video or photographs taken of them. Athlete is respectful of RaceStart's time and understands that there is a 24 hour cancellation policy for personal training. If athlete fails to give the appropriate notice the athlete will be charged.

NAME PRINTED:

DATE:

SIGNATURE:
