Personal Training and Stretching

CLIENT REQUEST FORM

Today's Date _____ Which service are you requesting?

Check One:
☐ Wellness Center Member
☐ Non-Member

Smart Start Package (new members only):
☐ Gold
☐ Silver
☐ Bronze

Check all that Apply:
☐ Fitness Personal Trainer
- ☐ Training Sessions
- ☐ Starter Package
- ☐ Buddy Training
- ☐ Stretching Personal Training

☐ Pilates Personal Training
- ☐ Solo Training
- ☐ Duet Training

☐ Aquatic Personal Trainer
- ☐ Aquatic Training
- ☐ Buddy Swim Training

Name _____ Date of Birth _____ Age _____

Phone _____ Email _____

Have you had one-on-one stretching before? ☐ Yes ☐ No If yes, how often? _____

Have you had one-on-one personal training before? ☐ Yes ☐ No If yes, how often? _____

Are there any medical conditions that a trainer should be aware of and/or any recent changes to your medical history?

Please be specific.

_____

_____

_____

_____

What is your primary reason for requesting personal training or stretching?

☐ Pain ☐ Restriction ☐ Chronic Injury/Surgery ☐ Relaxation ☐ Help Increase Range of Motion ☐ Healthy Lifestyle

☐ Sports Performance ☐ Flexibility ☐ Functional Training ☐ Core Training ☐ Weight Loss

☐ Other _____

Where do you have the most feeling of tightness, pain, and/or restriction? What area(s) would you like to focus on?

_____

_____

Would you like to request a specific trainer?

Trainer Name _____ ☐ Male ☐ Female ☐ No Preference

Days and Times of Availability

☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday
_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM	_____ AM/PM

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TERMS AND CONDITIONS

- Sessions must be paid in full prior to training.
- Expiration dates on packages will be strictly adhered to. Any sessions remaining after the expiration date cannot be used.
- Expiration date begins from date of purchase.
- **For cancellations**, members are required to notify the trainer 24 hours in advance of the scheduled session or the member will be charged for the full cost of the session.
- Regardless of arrival time, sessions will end at the scheduled time.
- All session packages are non-refundable and non-transferable.

RELEASE OF LIABILITY AND WAIVER AGREEMENT

I, the undersigned, acknowledge and agree that participation in personal training, stretching, and related physical activities involves inherent risks, including but not limited to injury, muscle strains, sprains, and other physical harm. I am aware of the nature and possible intensity of the personal training, stretching, and related physical activities offered by Chelsea, Dexter, and Stockbridge Wellness Centers (WC) and I recognize and understand that, while unlikely, my participation may result in physical harm (which could require medical attention and hospitalization) including without limitation muscular damage, skeletal damage or nerve damage. I voluntarily assume full responsibility for any risks of injury or damages resulting from my participation in the personal training, stretching, and related physical activities . I hereby release and discharge WC, its owners, employees, managers, trainers, affiliates and 5 Healthy Towns Foundation from any and all liability, claims, demands, or causes of action arising from any injury, damage, or loss that may occur during or as a result of personal training, stretching, related activities or use of WC facilities. This waiver applies to all claims, including those caused by negligence, except for gross negligence or willful misconduct.

I agree to indemnify and hold harmless WC and its staff from any and all claims, actions, or liabilities (including attorney fees) arising from my participation in personal training or stretching activities.

ACKNOWLEDGMENT AND SIGNATURE

By signing below, I confirm that I have read, understood, and agree to the Terms and Conditions, terms of this Release of Liability and Waiver Agreement.

Participant Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____

INFORMED CONSENT

I have completed the Personal Training Interest Form to the best of my knowledge. If I have any concerns, I will address them with the service provider. I agree to keep the service provider updated on any changes in my or my minor child's health.

I understand that close contact with people increases the risk of infection from viruses, illnesses and communicable diseases and I assume those risks for myself and my minor child if applicable. I acknowledge that I am aware of the risks involved and give consent to receive services for myself or my minor child from Chelsea, Dexter, and Stockbridge Wellness Centers (WC). I understand that relevant contact information might be shared with the Michigan and local health department in the event that a client or practitioner at this facility tests positive for a highly contagious disease. Contact details might be shared as relevant for contact tracing and for appropriate follow-up by the Michigan and/or local Health Department(s).

I understand that these services are designed as a health aid which is not intended to replace the services of a physician, physical therapist, chiropractor, or other licensed healthcare provider nor does it constitute a doctor-patient relationship. I am aware that the service provider does not diagnose illness or disease.

The general benefits of training services, possible treatment contraindications and the treatment procedure itself have been explained to me. If I or my minor child experience any pain or discomfort during the session, I will immediately inform the service provider so the treatment can be adjusted. I understand that I have the right to ask the service provider to terminate or modify the treatment at any time, regardless of reason. In the event that I may have additional questions or concerns regarding my or my minor child's treatment or suggested follow-up / post-treatment care, I will consult the service provider immediately.

Participant Signature _____ Date _____

Parent/Guardian Signature (if under 18) _____ Date _____