

# BRENT LOCKE FITNESS

## CLIENT ASSESSMENT & AGREEMENT

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

Emergency Contact \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Physician \_\_\_\_\_ Work # \_\_\_\_\_

Date of Last Visit/Physical Exam \_\_\_\_\_

Do you smoke?  Yes  No If yes, how many per day on average? \_\_\_\_\_

Average Hours of Sleep Each Night \_\_\_\_\_ Type of Sleep  Restful  Restless

What is your stress level on any typical day?  Low  Manageable  High

How many meals do you eat each day? \_\_\_\_\_ Calories? \_\_\_\_\_

**When time and days of the week are most convenient for you to work out?**

- |   |                              |                               |                              |                                |                              |                              |                              |
|---|------------------------------|-------------------------------|------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Early (5-7a)     | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thurs | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| <input type="checkbox"/> Morning (8-10a)  | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thurs | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| <input type="checkbox"/> Noon (11a-1p)    | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thurs | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| <input type="checkbox"/> Afternoon (2-4p) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thurs | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| <input type="checkbox"/> Evening (5-7p)   | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thurs | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| <input type="checkbox"/> Late (8-10p)     | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thurs | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |

**How important would it be to improve the following with you?**

- |                            |  |                                    |   |
|----------------------------|--|------------------------------------|---|
| Body Composition           | <input type="checkbox"/> Not Important | <input type="checkbox"/> Important | <input type="checkbox"/> Very Important |
| Flexibility                | <input type="checkbox"/> Not Important | <input type="checkbox"/> Important | <input type="checkbox"/> Very Important |
| Cardiovascular Endurance   | <input type="checkbox"/> Not Important | <input type="checkbox"/> Important | <input type="checkbox"/> Very Important |
| Eating Habits              | <input type="checkbox"/> Not Important | <input type="checkbox"/> Important | <input type="checkbox"/> Very Important |
| Posture                    | <input type="checkbox"/> Not Important | <input type="checkbox"/> Important | <input type="checkbox"/> Very Important |
| Energy                     | <input type="checkbox"/> Not Important | <input type="checkbox"/> Important | <input type="checkbox"/> Very Important |
| Fitness & Health Knowledge | <input type="checkbox"/> Not Important | <input type="checkbox"/> Important | <input type="checkbox"/> Very Important |
| Workout Intensity          | <input type="checkbox"/> Not Important | <input type="checkbox"/> Important | <input type="checkbox"/> Very Important |
| Workout Consistency        | <input type="checkbox"/> Not Important | <input type="checkbox"/> Important | <input type="checkbox"/> Very Important |

### Health History

**Do you have high blood pressure? (140/90 or on medication)**  Yes  No

If yes, please explain \_\_\_\_\_

**Do you have high cholesterol? (>200)**  Yes  No

If yes, please explain \_\_\_\_\_

**Are you or is anyone in your family diabetic?**  Yes  No

If yes, please explain \_\_\_\_\_

**Do you have frequent episodes of dizziness or fainting?**  Yes  No

If yes, please explain \_\_\_\_\_

**Do you have asthma or any other respiratory disorder?**  Yes  No

If yes, please explain \_\_\_\_\_

**Do you have epilepsy or any other seizure disorder?**  Yes  No

If yes, please explain \_\_\_\_\_

**Have you had any surgery within the past two years?**  Yes  No

If yes, please explain \_\_\_\_\_

**Are you regularly taking medications?**  Yes  No

If yes, please explain \_\_\_\_\_

**Do you have head or neck injuries?**  Yes  No

If yes, please explain \_\_\_\_\_

**Do you have shoulder or rotator cuff injuries?**  Yes  No

If yes, please explain \_\_\_\_\_

**Do you have arm, elbow, wrist, or hand injuries?**  Yes  No

If yes, please explain \_\_\_\_\_

**Do you have upper or lower back injuries?**  Yes  No

If yes, please explain \_\_\_\_\_

**Do you have hip or pelvic area injuries?**  Yes  No

If yes, please explain \_\_\_\_\_

Date \_\_\_\_\_ Client \_\_\_\_\_ Trainer \_\_\_\_\_

**Do you have knee, ankle, or feet injuries?**  Yes  No

If yes, please explain \_\_\_\_\_

**Have you had muscle strains, pulls, or tears in the past 12 months?**  Yes  No

If yes, please explain \_\_\_\_\_

**Have you experienced a weight change in the past 12 months?**  Yes  No

If yes, please explain \_\_\_\_\_

**What do you want to achieve in your exercise and fitness in the short-term?**

\_\_\_\_\_  
\_\_\_\_\_

**What do you want to achieve in your exercise and fitness in the long-term?**

\_\_\_\_\_  
\_\_\_\_\_

**Describe the challenges you have faced in the past that have kept you from looking and feeling the way you want.**

\_\_\_\_\_  
\_\_\_\_\_

**What benefits do you expect to receive from your training sessions?**

\_\_\_\_\_  
\_\_\_\_\_

**Describe any weight or strength-training workouts you have done in the past. Include their frequency and intensity level.**

\_\_\_\_\_  
\_\_\_\_\_

**Describe any aerobic or cardiovascular workouts you have done in the past. Include their frequency and intensity level.**

\_\_\_\_\_  
\_\_\_\_\_

**Anything else we should know?**

\_\_\_\_\_  
\_\_\_\_\_

### Terms & Conditions

By signing this contract, you agree to pay the outlined costs of the Personal Training Program. Your program is measured by time, not workouts. Any missed appointments, therefore, are nonrefundable. Brent Locke agrees to provide you with a Personal Trainer for your scheduled time. Should Brent Locke or an appointed trainer be unavailable, your session will be rescheduled and a replacement session will be made, as personal training sessions are nonrefundable. Cancellations by individuals participating in group sessions do not receive makeup sessions. Cancellations made by you (in individual sessions) may be made up at the discretion and availability of your trainer; however the trainer has no obligation to make up or reimburse sessions cancelled by you. If your trainer commits to a makeup session, the time and location is at his or her discretion. Any use of your trainer's equipment or facilities is at your own risk, and your trainer is not liable for any injury or damages resulting from the use of his or her services, equipment, or facilities. If you are aware of any personal health problems, list them below and obtain an approval from your doctor. These terms constitute the full agreement between you and Brent Locke Fitness and no oral promises are made part of it.

### Release of Liability

There is an inherent risk of injury, whether caused by Brent Locke or yourself during Brent Locke personal training sessions and the use of your equipment or the equipment, services and participation in Brent Locke's health programs. This risk includes, but is not limited to (a) injuries arising from the use of Brent Locke's equipment, including any accidental or "slip and fall" injuries; (b) injuries arising from participation in supervised or unsupervised activities and programs designed by Brent Locke; (c) injuries or medical disorders resulting from exercise during Brent Locke's training programs, including, but not limited to heart attacks, strokes, heart stress, sprains, broken bones and torn muscles or ligaments; and (d) injuries resulting from the actions taken or decisions made regarding medicals or survival procedures.

I understand and voluntarily accept this risk and agree to specifically assume all risk of injury, whether physical or mental, while I am using Brent Locke's equipment or health services during any of Brent Locke's fitness programs, whether such programs take place inside or outside my home. I waive any and all claims or actions that may arise against Brent Locke or any of his assistants as a result of any such injury, including and without limitation, personal, bodily or mental injury, economic loss or any damage resulting from the negligence of Brent Locke or any of his assistants. If there is any claim by anyone based on an injury, loss, or damage that involves me, I agree to defend Brent Locke against such claims and pay Brent Locke for all expenses relating to the claim, and indemnify Brent Locke for all obligations resulting from such claims.

**I have read the above thoroughly and understand the terms. My participation in the selected activities as well as my agreement to the foregoing are both purely voluntary and I elect to do so in spite of the risks.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**If you are younger than 18, a parent or legal guardian must complete the following:**

I, the undersigned parent or legal guardian of your client, hereby execute the foregoing for and on behalf the client and agree to bind your client and myself to such terms. I represent that I have full legal authority to act for and on behalf of your client, and I agree to indemnify and hold harmless Brent Locke for any expenses, claims or liabilities that my arise as a result of any insufficiency of my full legal authority to execute the foregoing.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Date \_\_\_\_\_ Client \_\_\_\_\_ Trainer \_\_\_\_\_

**Receipt for Brent Locke Fitness**

**No. of Sessions Purchased** \_\_\_\_\_ **Date** \_\_\_\_\_

**No. of Sessions Per Week** \_\_\_\_\_ **Start Date** \_\_\_\_\_

**Total Cost Per Session \$** \_\_\_\_\_ **Per Individual (If Group Session) \$** \_\_\_\_\_

**Package (If App)** \_\_\_\_\_ **Expires** \_\_\_\_\_

**Nutritional Cost (If App) \$** \_\_\_\_\_ **Equipment Cost (If App) \$** \_\_\_\_\_

**Method of Payment**  Cash  Credit (PayPal)  Check (Payable to Brent Locke)

**Total Amount \$** \_\_\_\_\_ **Receipt No.** \_\_\_\_\_