



# LIFESTYLE PROFILE

Please complete the information below as accurately and completely as possible. Your information will help your trainer provide you with the most beneficial plan to address your goals and challenges. For your 30- or 55-minute appointment, please bring this profile with you, wear comfortable athletic clothing, and meet your personal trainer in the Fitness Center. Appointments are held in the Fitness Center. **If you should need to cancel, a 24-hour notice is required to avoid forfeiting your session.**

## GENERAL INFORMATION

Name (Last) First MI (opt.)

Home Address

City State Zip

Phone (Day) Evening Cell

Email: Preferred method of communication:  Phone  Email

Gender: Age: Date of Birth: / /

Emergency Contact Phone

Physician Phone

## OVERALL HEALTH

Has a doctor or health professional ever told you that you have any of the following conditions?

- Lack of physical activity
- Family history of heart disease
- Current or past history of obesity
- Recent illness, hospitalization, new medical diagnosis, or surgical procedure

What is your current smoking status?

- I have never smoked or quit more than 6 months ago
- I currently smoke or quit within the last 6 months

Are you pregnant:  Yes  No

- 1) Do you have Arthritis, Osteoporosis, or back problems?  Yes  No
- 2) Do you have cancer of any kind?  Yes  No
- 3) Do you have heart disease or cardiovascular disease? (Coronary artery disease, high blood pressure, heart failure, diagnosed abnormality of hearth rhythm, etc.)  Yes  No
- 4) Do you have high blood pressure?  Yes  No

- 5) Do you have any metabolic conditions? (Type 1 Diabetes, Type 2 Diabetes, Pre-diabetes, etc.)  Yes  No
- 6) Do you have any mental health problems or learning difficulties? (Alzheimer's, dementia, depression, anxiety disorder, psychotic disorder, intellectual disability, etc.)  Yes  No
- 7) Do you have a respiratory disease? (COPD, Asthma, pulmonary high blood pressure, etc.)  Yes  No
- 8) Do you have a spinal cord injury? (Tetraplegia, paraplegia, etc.)  Yes  No
- 9) Have you had a stroke? (Transient Ischemic Attack, or cerebrovascular event)  Yes  No
- 10) Do you have any other medical condition not listed above or do you live with two or more chronic conditions?  Yes  No

Please list medications used (including dietary/nutritional supplements) and drug allergies:

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

## PHYSICAL ACTIVITY READINESS

- Yes  No Has a doctor ever said that you have a heart condition or high blood pressure and that you should only do physical activity recommended by a doctor?
- Yes  No Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?
- Yes  No 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).
- Yes  No Have you ever been diagnosed with a chronic medical condition (other than heart disease or high blood pressure)?
- Yes  No 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.
- Yes  No Has your doctor ever said that you should only do medically supervised physical activity?
- Yes  No Do you know any reason why you should not participate in physical activity?

## FITNESS

How many times per week do you exercise?  0  1  2  3  4  5  6  7

Please explain the type of exercise or activities you regularly participate in:

Cardiovascular: \_\_\_\_\_

Strength Training: \_\_\_\_\_

Flexibility/Stretching: \_\_\_\_\_

Short-term goals (<6 months): \_\_\_\_\_ Long-term goals: \_\_\_\_\_

## INFORMED CONSENT FOR EXERCISE PARTICIPATION

**Exercise participation:** I desire to engage voluntarily in an exercise program with a personal trainer in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on my cardiorespiratory and musculoskeletal systems and to thereby attempt to improve their function.

**Risks and discomfort from exercising:** During cardiovascular exercise, including cardiovascular testing, certain changes may occur. These changes include abnormal blood pressure responses, fainting, irregularities in heartbeat, and heart attack. Every effort is made to minimize these occurrences. During muscle fitness and flexibility testing, as well as strength training and stretching, there is a slight possibility of straining a muscle or spraining a ligament. In addition, muscle soreness may also be experienced 24 to 48 hours after testing. Appropriate stretching exercises will be demonstrated to alleviate muscle soreness should it occur.

**Freedom of consent:** I have read this form carefully and fully understand the test procedures. I consent to participate in these tests and/or the exercise program. *(Permission to perform these fitness tests is voluntary. You are free to deny consent if you so desire.)*

### **WAIVER AND RELEASE OF LIABILITY (Read carefully before signing!)**

- I am aware that Fidalgo Pool & Fitness Center (FPFC) trainers are not medical doctors and are not qualified to determine a participant's physical capability to engage in strenuous exercise.
- The information given on this medical history questionnaire is correct to the best of my knowledge. I understand that absence of physical problems listed on this form does not necessarily guarantee that I am in satisfactory health to participate in FPFC activities.
- Medical clearance from my physician may be required prior to participation in the exercise program. I agree to allow FPFC to consult my physician and obtain written permission as needed. If my condition or medication changes, I will inform my trainer.

**(Read carefully before signing)** I agree that this Waiver and Release of liability shall apply to each visit I make to FPFC, including future visits, regardless of any date of issuance or expiration date on my membership profile, and regardless of the date that this form is signed below. I understand and acknowledge there is risk involved in being in and around FPFC's facilities, including, but not limited to, utilizing equipment, or participating in any exercise or fitness activity. In consideration for being allowed to utilize FPFC's facilities, I agree I will assume the risk and full responsibility for any and all injuries, losses, death, costs, or other damages that might occur to me and/or my family while on the premises of FPFC or participating in any off-site FPFC program or activity; and to the maximum extent allowed by law, I agree to waive and release any and all claims, suits, or related causes of action against Fidalgo Pool and Fitness Center District, its owners, officers, employees, or agents (collectively FPFC), for negligence, injury, loss, death, costs, or other damages to me, my heirs or assigns, while on the premises of FPFC or participating in any off-site FPFC program or activity. I further agree I will indemnify, defend, and hold FPFC harmless, to the maximum extent allowed by law, from negligence, injury, loss, death, costs, or other damages to me, my heirs or assigns, or third parties for claims, suits, or related causes of action asserted against FPFC arising from my conduct and/or my family's conduct while on the premises of FPFC or participating in any off-site FPFC program or activity and this waiver and release shall bind the members of my family and my spouse or registered domestic partner, if I am alive, as well as my estate, family, heirs, administrators, personal representatives or assigns if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue FPFC. I further agree to release, indemnify, defend and hold FPFC harmless from any liability whatsoever for future claims presented by my children or any other minor children and/or their parents whose visit to FPFC is sponsored by me, for any injuries, losses or damages to themselves or any family member or registered domestic partner. If any term of this waiver and release shall be found to be illegal, unenforceable or in conflict with any applicable law, the validity of the remaining portions shall not be affected thereby. I have read this waiver and release of liability. Initials \_\_\_\_\_

### **CANCELLATION POLICY**

My trainer has reviewed the Personal Training Cancellation Policy with me, and I have read and signed it. I understand that rates may increase periodically. I agree to pay for all scheduled personal training services charged to my FPFC account. Initials \_\_\_\_\_

**BY MY SIGNATURE BELOW, I UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under 18 years, parent or guardian signature required)

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(FPFC Staff, please print)