

# HEALTH & LIFESTYLE ASSESSMENT



## 1. Personal Details

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

## 2. Exercise History

Are you currently exercising? ☐ No  
☐ Yes. Details: \_\_\_\_\_

Have you previously exercised? ☐ No  
☐ Yes. Details: \_\_\_\_\_

How would you describe your current condition? \_\_\_\_\_

Briefly describe what you would like to achieve from exercising: \_\_\_\_\_

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### Office Use Only

Welcome	_____
Email	_____
Newsletter	_____



### 3. Medical Check

Please indicate if you or anyone in your immediate family has ever had;

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Heart disease      | <input type="checkbox"/> Heart trouble |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Low blood pressure | <input type="checkbox"/> Stroke        |
| <input type="checkbox"/> Chest pain          |   |   |  |

Please indicate if you have ever had or suffered the following;

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Hernia or rupture | <input type="checkbox"/> Varicose veins   | <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Nervous disorders     |
| <input type="checkbox"/> Arthritis         | <input type="checkbox"/> Back injury      | <input type="checkbox"/> Anemia              | <input type="checkbox"/> Recent weight loss    |
| <input type="checkbox"/> Serious injury    | <input type="checkbox"/> Recent pregnancy | <input type="checkbox"/> Surgical operations | <input type="checkbox"/> Skeletal fracture     |
| <input type="checkbox"/> Muscular injury   | <input type="checkbox"/> Joint injury     | <input type="checkbox"/> Allergies           | <input type="checkbox"/> Other illness         |
| <input type="checkbox"/> Any medications   | <input type="checkbox"/> Smoking          | <input type="checkbox"/> Other conditions    | <input type="checkbox"/> Dizziness or fainting |
| <input type="checkbox"/> Hospitalisation   | <input type="checkbox"/> Rheumatic fever  | <input type="checkbox"/> Infectious diseases |  |

I have read and understand this document.

Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Witness Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# WAIVER & ASSUMPTION OF RISK



This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

I, \_\_\_\_\_ have volunteered to participate in a program of physical exercise under the direction of Phillip and/or Melissa Sharp, which will include, but may not be limited to, weight training, resistance training, cardiovascular training, self defense training and flexibility training. In consideration of my agreement with Phillip and/or Melissa Sharp to instruct, assist and train me, I do here and forever release and discharge and hereby hold harmless Phillip and Melissa Sharp and their respective agents, heirs, assigns, contractors and employees from any and all claims, demands, damages, rights of actions or causes of actions, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

I recognise that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heart beat, heart attack and in rare instances, death.

I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I recognise that an examination by a physician should be obtained by all participants prior to involvement in any exercise program. If I have chosen not to obtain a physician's permission prior to beginning this exercise program with Phillip and Melissa Sharp, I hereby agree that I am doing so at my own risk.

In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand the results are individual and may vary.

## CLIENT

Client Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## TRAINER

Trainer Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

# CLIENT-TRAINER AGREEMENT



This agreement is made and entered into on this \_\_\_\_ day of \_\_\_\_\_,

by and between \_\_\_\_\_ and Phillip and Melissa Sharp and Sharp Fitness.

In consideration of the mutual promises exchanged herein and other good valuable consideration, I agree as follows;

## Waiver

I assume the risk for participating in an exercise program and agree that Phillip and Melissa Sharp, their agents, employees or contractors shall have no liability for any injury, illness or similar difficulty that I may suffer arising out of or connected with my participation in the training program. I hereby acknowledge and agree that the waiver and assumption of risk agreement are material to my participation in the training program.

## The Conduct of Training Sessions and/or Consultations

1. I will as required maintain a Food Diary.
2. I will observe all rules and regulations that apply to the facility that is used to conduct a training session.
3. I will wear appropriate clothing at all times. In most cases this will consist of shoes, shorts and t-shirt.
4. I will bring a towel to all training sessions.
5. I have the right to terminate the training at any time for any reason. I acknowledge that if an exercise is painful or uncomfortable or for any other reason I may stop the exercise.
6. I will drink water throughout the training session at any time.
7. I acknowledge results will only occur through proper, correct regular training and adherence to proper, correct nutrition.

## Bookings and Cancellations

1. Session appointment times are available on a 'first in, first served' basis by appointment, however clients who train on a regular basis will be given priority.
2. If I have to cancel a scheduled training session I will contact and advise Phillip Sharp of the cancellation at least twenty-four hours prior to the appointment.
3. **Any cancellation of a booked session will incur a \$20.00 cancellation fee.**
4. **Any scheduled session I cancel with less than twenty-four hours prior notice will incur a cancellation fee equivalent to that of the normal full session charge.**
5. Phillip or Melissa Sharp will advise of any canceled scheduled session at least twenty-four hours prior to the scheduled session. You will be given a 'session credit' if Phillip or Melissa Sharp cancels the scheduled session without twenty-four hours prior notice.
6. **Any session I miss or attend fifteen minutes later than the scheduled appointment time will incur a cancellation fee equivalent to the normal full session charge.**

## Payment

1. I will adhere to the agreed pricing schedule.
2. I will pay Phillip or Melissa Sharp in advance of the session.

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### Medical Clearance and Referral

I will have a medical examination and medical consent to participate in an exercise program if I have any of the following conditions;

1. Hypertension (blood pressure greater than 145/95mmHg).
2. Hyperlipidemia (cholesterol greater than 220mg/dl or total cholesterol to HDL ratio of greater than 5.0).
3. Diabetes.
4. A history or family history of heart disease.
5. Smoking.
6. Any other condition that may deem to present an unreasonable risk to my health were I to participate in an exercise program.

I agree to the above policies, terms and conditions.

CLIENT		TRAINER	
Client Signature:		Trainer Signature:	
Print Name:		Print Name:	
Date:		Date:	