



THE SCULPTOR FITNESS & YOGA

CLIENT ASSESSMENT



Name: _____
Last *First* *Birth Date*

Address: _____
Street *City/State/Zip*

Phone #'s: _____
Home *Work/Cell* *Email*

Emergency Contact: _____
Name *Phone #*

THE **S**CVLPTOR'S **G**OAL IS TO ASSIST YOU IN ACHIEVING YOUR FITNESS POTENTIAL..
IN ORDER FOR US TO CREATE YOUR PERSONALIZED PROGRAM, WE NEED TO LEARN ABOUT YOU...
EACH PERSON COMING TO THE STUDIO HAS A DIFFERENT SET OF FITNESS CHALLENGES,
THEREFORE THERE IS NOT ONE FORMULA FOR EVERY BODY.
DURING YOUR CONSULTATION YOUR TRAINER WILL CUSTOMIZE YOUR PROGRAM
ACCORDING TO YOUR FITNESS LEVEL & YOUR BODIES SPECIFIC NEEDS.
PLEASE COMPLETE THE FOLLOWING QUESTIONS PRIOR TO YOUR CONSULTATION.

1. What is your **MOTIVATION** for coming to The Sculptor?
 What do you want to accomplish ? (Fat loss, Muscle Gain, Train for Event...?)

2. Do you have a **DEADLINE** or a specific time frame you would like to accomplish your goal by? (20 lbs in 12 weeks, Bikini by Spring Break, Run / Walk a First 5k).

3. What is your exercise history?
 Current activities (Free Weights, Aerobics, Yoga, Sports...?) Past activities?

4. What days and times are best for you to exercise? How many days per week, and minutes per day will you be able to commit to your fitness?



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TRAINING POLICIES



Scheduling Personal Training Appointments:

You can speak to your trainer in person or call to schedule appointment times **(425)222-5030**. New clients should schedule a **Fitness Assessment** prior to beginning any training package or punch card. We will work with each client to accommodate your appointment requests. Advance payment reserves your personal training sessions.

Change of Schedule Requests:

To avoid confusion, please write all personal training schedule changes & cancellations on Daily Sign In Sheet.

Cancellation Policy:

All sessions are scheduled by appointment. Appointments that are not cancelled **24-hour** in advance will be charged in full to the client. Cancellations of all weekend and Monday appointments must be received on the previous Friday.

Package Payment Program:

We offer a discount for all prepaid training packages. Payment plans are available for the 12 Week Total Body Sculpting packages. Initial payment is collected upon scheduling first appointment with trainer. Your credit card will be charged the additional two installments each month.

Monthly Payment Program:

Personal training clients and FIT Members payments are due on the **1st of each month**. To ensure prompt payment, clients may sign up for the Automatic Payment Program which will be debited from a credit or check card each month.

Late Fee:

\$50 late fee will be assessed on all payments received after due date.

Terminating Training Programs:

30 day written notice is required to discontinue training package or membership. Clients discontinuing training without appropriate notice will be responsible for all remaining appointments. Your credit card number will be held as security on your account or a refundable deposit of one month training sessions.

Package Expiration Dates:

90 day expiration date on all packages and punch cards.

Gym Educate:

Wear comfortable exercise clothing (avoid baggy sweats & sweatshirts). Do not wear heavy jewelry or perfume / cologne. Arrive at least 5 minutes early to warm up for class or appointment. Towels & water are provided at studio (bottled water \$1.00). Yoga & Pilates Clients will need to bring personal Yoga / Pilates Mat. **No banging, dropping, clanking weights or equipment. Spray & wipe down your workout mat & equipment after training. Keep studio clean and safe by returning all equipment and weights.**

Client Signature **(Parent or Legal Guardian Required if Under 18)**

Date

The Sculptor Liability Release Waiver Waiver and Release of All Claims by Client

The Client, _____, acknowledges that any exercise program involves risk of injury. The Client represents that they have completed the Physical Assessment form and has discussed all health issues with Instructor or Trainer. The client agrees:

- That the Client will be participating in an exercise program at his/her own risk and;
- That the Instructor / Trainer shall not be liable to the Client, nor any other person, for any claims or causes of action whatsoever arising out of or connected with the services of the Trainer or The Sculptor, Incorporated and;
- That the Client, named above, hereby releases and discharges The Sculptor Incorporated, its' trainers, employees, contractors, and the products from any such claims of actions;

Client Print Name

Client Signature **(Parent or Legal Guardian Required if Under 18)**

Date

Physical Assessment

Over the past few years, people have become more aware of the importance of daily activity.

Regular physical activity should be fun, safe and healthy.

Prior to starting a new exercise program, we suggest that our clients check with their physician for any potential concerns. In order to ensure your safety and success,

please answer the follow questions and report any injuries or conditions on the second page.

This will inform us if you should check with your physician prior to starting your exercise program.

Common sense is your best guide when you answer these questions.

Please read the questions carefully and answer each one by checking: YES or NO.

YES NO

1. Has your physician ever said that you have a heart condition and/or have they limited your physical activity due to this problem?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Are you currently taking prescription drugs for a heart condition or high blood pressure (ex. water pills)?
6. Are you over 69 years of age?

If you answered YES to one or more questions

Talk with your physician **BEFORE** you starting your training at The Sculptor Fitness Studio.

- Your physician may limit your activities to those which they deem safe. Please bring written instruction from your physician outlining your exercise guidelines.
- You may be able to do any activity you want as long as you start slowly and build up gradually. Remember that NO exercise should ever cause pain. Stay within your fitness ability, ask the trainer for modifications, and if in question consult your physician.
- Find out which Sculptor programs are safe and helpful for you.

If you answered NO to all questions

You may begin an exercise program at The Sculptor Fitness Studio.

- Schedule a Fitness Assessment with a trainer. This is an excellent way to determine your basic fitness level. We will then develop a personalized training chart that outline your specific exercises & weights.
- Remember to start slowly and build up gradually. Stay within your fitness level to ensure your safety.
- Ask the trainer if you are unsure of any exercise or equipment prior to beginning any exercise. If you experience any pain, ask the trainer for modifications.

Rest, Recover & Fuel your Body when....

If you are not feeling well because of Temporary Illness— such as a Cold or Fever. Extra Rest, Moderate Exercise, Proper Nutrition & Hydration will get you back to your exercise program quicker.

Please note:

If your health changes so that you answer YES to any of the above questions, inform the Sculptor Inc. & your physician immediately.

Informed use of the PAR—Q: The Sculptor Incorporated, dba The Sculptor Fitness & Yoga, and their agents assume no liability for persons who undertake physical activity. If in doubt after completing this questionnaire, you should consult your physician prior to starting physical activity.

Note: if the PAR—Q is being given to a person before he or she participates in a physical activity program or a Fitness Assessment with The Sculptor, Incorporated and/or their agents, this section may be used for legal or administrative purposes.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME (Printed) _____

SIGNATURE _____ DATE _____

NAME OF PARENT (Printed) _____

SIGNATURE OF PARENT _____ DATE _____