



Permission to Exercise

TOTAL CUSTOMIZED FITNESS, LLC POLICIES

If you have any of the following physical conditions, you are required to have a Medical Clearance and Physician's Consent Form:

- a. Hypertension (>145/95 mm Hg)
- b. Hyperlipidemia (cholesterol >220 mg/dl or a total cholesterol-to-HDL ratio of >5.0)
- c. Diabetes
- d. Family history of heart disease prior to age 60
- e. Smoking
- f. Abnormal resting EKG
- g. Any other condition that Total Customized Fitness, LLC in its sole discretion may deem to present an unreasonable risk to your health, were you to participate in a fitness evaluation or program.

Client's Signature Date

Please print name

Parent or legal guardian (if participant is under age eighteen) Date

This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

I, _____, have volunteered to participate in a fitness program provided to me by Total Customized Fitness, LLC, which may include, but may not be limited to, resistance training and aerobic or cardiovascular exercise. In consideration of Total Customized Fitness, LLC agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless Total Customized Fitness, LLC and it's respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TOTAL CUSTOMIZED FITNESS, LLC OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I, _____, have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death. I understand that Total Customized Fitness, LLC has no control over park or facilities conditions, and I hold Total Customized Fitness, LLC, its employees, agents, and contractors harmless for any park conditions or weather conditions which might result in injury.

I acknowledge that I understand that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I, _____, have chosen not to obtain a physician's consent prior to beginning this fitness program with Total Customized Fitness, LLC, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate.

INIT: _____

I acknowledge that I understand that TOTAL CUSTOMIZED FITNESS, LLC is not a medical operation, and that no employees, agents, or contractors of TOTAL CUSTOMIZED FITNESS, LLC are medical personnel who may diagnose or treat any medical conditions or emergencies that arise during any live sessions. Basic first aid will be rendered for minor injuries made known to the instructors, and for more serious injuries or conditions, basic first aid will be rendered until first responders arrive, if summoned. In the sole discretion of TOTAL CUSTOMIZED FITNESS, LLC, medical emergency care (911) may be contacted to render services to me should I exhibit any clear signs of physical distress or the need for emergency medical services during a session. I agree that if such services are summoned, I will be solely responsible for payment of those services, and I hold TOTAL CUSTOMIZED FITNESS, LLC, its employees, agents and contractors harmless for any decision to summon or not summon emergency medical help for me during a session, and I hold TOTAL CUSTOMIZED FITNESS, LLC, its employees, agents or contractors harmless for the rendering of any first aid or emergency medical assistance to me. I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR CLAIM OF ANY KIND OR NATURE AGAINST TOTAL CUSTOMIZED FITNESS, LLC, ITS EMPLOYEES, AGENTS, OR CONTRACTORS AS A RESULT OF ENROLLMENT IN OR PARTICIPATION IN ANY LIVE OR ON-LINE PROGRAM, OR ANY COMMUNICATION WITH TOTAL CUSTOMIZED FITNESS, LLC.

Participant's signature _____ Date _____

Par-Q

	<u>Yes</u>	<u>No</u>
1. Has your doctor ever said that you have a heart condition or that you should only perform physical activity recommended by a doctor?	_____	_____
2. Do you feel pain in your chest when you perform physical activity?	_____	_____
3. In the past month, have you had chest pain when you were not performing any physical activity?	_____	_____
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	_____	_____
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	_____	_____
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?	_____	_____
7. Do you have high cholesterol?	_____	_____
8. Do you know of any other reason why you should not engage in physical activity?	_____	_____
9. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder)? If yes, please explain. _____	_____	_____
10. Have you ever had any surgeries? (If yes, please explain.) _____	_____	_____
11. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? If yes, please explain. _____	_____	_____
12. Are you currently taking any medications? Please list.	_____	_____

If you have answered yes to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered “yes” to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

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(Signature and Date)

Physician’s Consent to Participate in a Fitness Program
To: Total Customized Fitness, LLC
7391 Vahalla Dr.

Solon, OH 44139

To Whom It May Concern,

My patient, _____, has advised me that he or she intends to participate in a fitness program, which will include, but not be limited to, resistance training as well as cardiovascular training. The sessions will last approximately 1 hour and will begin at a very moderate, submaximal level.

Please be advised that my patient should be subject to the following restrictions in this fitness program:

Under no circumstances should my patient do the following:

I have discussed the foregoing restrictions and limitations with my patient and, with these specific restrictions, he or she has my consent to participate in a fitness program under your guidance.

Sincerely,

_____ Date: _____
(Please sign name here)

(Please print name here)

Client's Info & Goals

PHYSICAL CONDITION

How many days per week are you engaged in physical activities? _____

How would you rate your current fitness level or condition?

Poor _____ Average _____ Excellent _____

What is your current workout schedule? Please include day, time, location, activity, duration, how hard you feel like you are working on a scale of 1-10 (1 being you are almost asleep and 10 being you could not work out any harder).

EXERCISE EXPERIENCE WITHIN THE LAST YEAR (please describe AND note your VERY favorite thing to do!!)

- _____ Aerobic Exercise
- _____ Resistance Training
- _____ Strength Training
- _____ Flexibility Training
- _____ Session with personal Trainer
- _____ Sports

GOALS

Rank your goals in undertaking a fitness program. What do you want this program to do for you? Use the following scale to rate each goal separately.

- | Not at all
Important | | Somewhat
important | | Extremely
important | |
|---|---|-----------------------|---|---------------------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
| _____ a. Improve cardiovascular fitness | | | | _____ b. Body-fat weight loss | |
| _____ c. Improve performance for a specific sport | | | | _____ d. Improve flexibility | |
| _____ e. Increase strength | | | | _____ f. Increase energy level | |
| _____ g. Feel better | | | | _____ h. Enjoyment | |
| _____ i. Reduce stress | | | | _____ j. Pain relief | |
| _____ k. Lose weight/inches | | | | _____ l. Gain weight/muscle | |
| _____ m. Improve quality of life | | | | _____ n. Improve overall health | |
| _____ o. Improve appearance | | | | Other _____ | |

FITNESS GOALS:

WEEKLY GOALS:

4 WEEK GOAL:

LONG TERM GOAL:

NUTRITION

Daily average water consumption _____

How many beverages per day containing caffeine do you consume? _____

Do you eat breakfast each day? Y N

How many times per day on average do you eat? _____

Do you eat a wide variety of foods? Y N

Are your food choices mainly nutritious? Rarely Sometimes Mostly Always

What is the number one obstacle around nutrition and food that YOU think could be holding you back?

If you could wave a magic wand and stop or start a certain nutritional activity, what would it be? (vitamins, water, eating at night, chocolate reduction! :)

DO you use any online or PDA fitness tools?

January 2011 Schedule:

- 1) Look through your calendar and note special days that may adversely effect your fitness/fuel routine. Note the date and activity below: (For example: traveling 1/13-16 no time for working out, 1/25 anniversary dinner.)

IF I COULD ASK FOR ONE THING OUT OF THIS PROGRAM, IT WOULD BE: (WRITE ON BACK)