



FitnessNOW - Personal Training **Request Packet**

Congratulations for making the choice of a healthier lifestyle! We are very excited to help you on your way to reaching all of your health and fitness goals.

Fill out this form completely. The more we know about you, the more personalized your results will be. It is vital that we know about any conditions or injuries to safety create a proper routine for you.

Please read the packet in its entirety, including the informed consent and waiver.

Please refrain from the following items for at least 2 (two) hours before your test is scheduled. This will provide the most accurate results from your initial assessment. Your initial assessment will help build your personal training program.



24 HOUR NOTICE IS REQUIRED FOR CANCELLATIONS

If you have any questions prior to your scheduled Evaluation/Training session, please call FitnessNOW at 630-393-7279 ext. 315

Thank you and we look forward to working you!

The Fitness Staff

FitnessNOW • 3S260 Warren Ave. • Warrenville, Illinois 60555
www.warrenvilleparks.org

MEDICAL HISTORY

Health History Checklist – Please check any that apply to you.

- | | | |
|---|---|---|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Asthma | <input type="checkbox"/> Indigestion |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Use of Laxatives/Water Pills |
| <input type="checkbox"/> High Triglycerides | <input type="checkbox"/> Severe Headaches | <input type="checkbox"/> Psychological Difficulties |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Seizures or Convulsions | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Dizziness or Fainting Spells | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Wrist Pain | <input type="checkbox"/> Gallbladder Disease |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Knee Pain | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Irregular Heart Beat | <input type="checkbox"/> Swelling in Any Joints | |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Arthritis | |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Gout | |
| <input type="checkbox"/> Difficulty Breathing | <input type="checkbox"/> Numbness or Tingling | |

Allergies:

Medications:

| | |
|--|--|
| | |
| | |
| | |

What was the date of your last annual wellness exam? _____

Other Medical Issues/Injuries: _____

FAMILY HISTORY:

Has any blood relative had any of the following?

| | Yes | No | Relationship to you |
|--------------------------------|-------|-------|---------------------|
| Heart Disease | _____ | _____ | _____ |
| Heart Attack | _____ | _____ | _____ |
| Heart Surgery | _____ | _____ | _____ |
| Stroke | _____ | _____ | _____ |
| High Blood Pressure | _____ | _____ | _____ |
| Bleeding Disorder | _____ | _____ | _____ |
| Cancer | _____ | _____ | _____ |
| Diabetes | _____ | _____ | _____ |
| High Cholesterol/Triglycerides | _____ | _____ | _____ |

INFORMED CONSENT & WARNING OF RISK

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associate with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/activity, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all exercises including aerobic activities, the use of weights, number of repetitions, and use of any and all machinery, equipment and apparatus designed for exercising shall be at my or my minor child/ward's sole risk. Notwithstanding any consultation or instruction on exercise programs which may be provided by the Warrenville Park District, it is hereby understood that the selection of exercise programs, methods and types of equipment shall be my or minor child/ward's entire responsibility, and that the Warrenville Park District, including its officials, employees, agents and volunteers (hereinafter collectively District) shall not be liable for any claims, demands, injuries, damages, or loss to person or property arising out of or in connection with the use of the services and facilities contemplated by this agreement.

Explanation - You will perform an exercise evaluation. The exercise intensity will be advanced in stages depending on your fitness level. I understand that during some tests I may be encouraged to work at maximum effort and that at any time I may terminate the test for any reason. Although we may stop the test at any time because of signs of fatigue or changes in your heart rate or symptoms you experience, it is important for me to realize that I may stop when I wish because of feelings of fatigue or any other discomfort.

Attendant Risks and Discomforts - The possibility of certain changes may occur during the test. These include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by careful observations during testing. CPR & AED Trained Personnel are available to deal with situations that may arise.

Responsibilities of the Participant - Important information about your health status or previous experiences of heart related symptoms (such as shortness of breath with low-level activity, pain, pressure, tightness, heaviness in the chest, neck, jaw, back and/or arms) should be disclosed. Physical effort might affect the safety of your exercise test. You are responsible for fully disclosing your medical history, as well as symptoms that may occur during the test. You are also expected to report all medications including non-prescription drugs taken recently and, in particular, those taken today to the testing staff.

Use of Medical Records - The information obtained during the exercise testing will be treated as privileged and confidential. It will not to be released or revealed to any person except your referring physician without your written consent.

Freedom of Consent - I hereby consent to voluntarily engaging in an exercise test to determine my exercise capacity and state of cardiovascular health. My permission to perform this exercise test is given voluntarily. I understand that I am free to stop the test at any point, if I so desire. Also, in agreeing to participate in the fitness tests, I agree to assume all risks of such fitness testing. I hereby release and hold harmless the Warrenville Park District, their agents and employees, from any and all health claims, suits, losses, or causes of action for damages for injury or death, including claims for negligence, arising out of or related to my participation in the fitness assessments.

Warning of Risk - The Warrenville Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Warrenville Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, suffers from an underlying medical condition, takes medication, smokes cigarettes, has a family history of coronary disease, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Aerobic and other fitness exercises including such items as passive/resistive weight training, use of stair machines, jogging, free weights, and other training devices, despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, pose a substantial risk of serious injury, including death. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, slipping, falling, equipment failure, and failure in supervision/instruction, premises defects and all other circumstances inherent to recreational activities/programs exist. Dependent upon a person's physical condition, age, and skill level, aerobics and fitness exercises can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones: Heart attack, stroke or circulatory problems, shin splints, bone and joint injuries, muscle strain and other muscle injuries, back and neck injuries, foot problems

I have read this form, and I understand the test procedures that I will perform and the attendant risk and discomforts. Knowing these risks and discomforts, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in this test. I further agree to waive and relinquish all claims I or my minor child/ward may have or which may accrue to me and/or my minor child/ward as a result of participation in this program/activity. I do hereby fully release and forever discharge the District from any and all claims for injuries, damages or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. I have informed the Warrenville Park District of any medical condition or special accommodations I require to participate in fitness programs. As a member, I agree to conform to and be bound by the rules, regulations and policies of Warrenville Park District, as they may be amended.

Signature _____

Name (Print) _____ Date _____

Witness Signature _____ Date _____

