

RELEASE OF LIABILITY

In consideration of being allowed to participate in the personal fitness training activities and programs of **BodiLife Personal Training**, and its services in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge **BodiLife Personal Training** and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of **BodiLife Personal Training** or the use of any equipment at various sites, including home, provided by and/or recommended by **BodiLife Personal Training**.

PLEASE INITIAL: _____

I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, can be a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, 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 or death.

PLEASE INITIAL: _____

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.

PLEASE INITIAL: _____

I understand that **BodiLife Personal Training** is providing and maintaining an exercise/fitness program for me and does not constitute an acknowledgment, representation or indication of my physiological well-being or a medical opinion relating thereto.

PLEASE INITIAL: _____

Name: _____

Date: _____

Signature: _____

Trainer's Signature: Christopher Gaeta

CONTRACT AGREEMENT

Due to the type of services **BodiLife Personal Training** is providing it will be necessary for you to follow program guidelines will training unsupervised. In designing your exercise program, every effort will be made to ensure your safety. However, as with any exercise program, there are inherent risks, including increased heart stress and chance of musculoskeletal injuries. In signing up for this program, you agree to assume responsibility for the mentioned inherent risks and waive any possibility for personal damage. You also agree that, to your knowledge, you have no limiting physical conditions or disability that would preclude an exercise program.

By signing below, you accept full responsibility for your own health and well-being AND you acknowledge an understanding that no responsibility is assumed by the leader (personal trainer) of this program, BodiLife Personal Training

Please be aware that you have requested services of **BodiLife Personal Training** and in doing so, you hereby understand and acknowledge that **Chris Gaeta** and **BodiLife Personal Training (CJG Consulting LLC)** are NOT a licensed dietician, nutritionist, or any other licensed/certified health professional in any field.

*The diet and training programs will not be reviewed or approved by any fitness professional or licensed physician. It is recommended that you check with your physician prior to beginning the program. You completely understand that you are simply receiving advice and it is your choice to adhere to the provided advice. You understand that **Chris Gaeta and BodiLife Personal Training (CJG Consulting LLC)** are NOT a nutritionist, licensed dietician, or health professional. Your participation in this program is your own responsibility in its entirety and everything has been disclosed to you.*

*Any supplementation advice provided by **Chris Gaeta** on behalf of **BodiLife Personal Training** is strictly done by opinion only. Any companies or products recommended are not affiliate with the site and not liable for any negative repercussions. By agreeing to terms you are accepting that you will not hold **Chris Gaeta** or **BodiLife Personal Training** accountable for any health issues related or non-health related that may results from taking a product. You are responsible for understanding your own body and health risks involves, as these products have not been approved by the FDA.*

At no time may a client pass on plans created for them without written consent from **Chris Gaeta/BodiLife Personal Training**.

Participants Name (printed): _____

Participants Signature: _____

Date: _____

CLIENT & TRAINER CODE OF CONDUCT

Personal Trainers shall be committed to providing information that is consistent within the requirements and the limitations of their profession.

Personal Trainers shall preserve the confidentiality of privileged information, and shall not release such information to a third party unless the client consents to such release or release is permitted\ required by law.

Personal Trainers and Clients shall comply with applicable local, state, and federal laws and with the NASM Guidelines.

Personal Trainers shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.

Personal Trainers shall provide only those services for which they are qualified to give with their level of education and/or experience and by pertinent legal regulatory process.

Personal Trainers shall never discriminate against any client based on race, creed, national origin, gender, religion, age, handicap/disability, sexual orientation or any other such legal classifications.

Personal Trainer and client shall maintain a direct means of communicating to allow for prompt, precise, and punctual service (All inquiries answered within 24 hours).

Personal Trainers Signature: Christopher Gaeta Date: _____

Client's Signature: _____ Date: _____

PERSONAL ACTIVITY QUESTIONNAIRE

How often do you participate in physical activity (circle one)?

Never Occasionally (1-3 times/month) Semi-Regular (1-2 times/week) regularly (4-5 times/week)

For how long do remain active?

20min. 30min. 1hour Other__

At what intensity are you physically active?

Never Low Fairly Low Moderate Somewhat high High

What physical or leisure activities do you enjoy? _____

What are your personal barriers/challenges to physical exercise? _____

What type of exercise interest you (Circle all that apply)?

Cardiovascular machines, Walk/run Free weights, Weight Machines, Sport skills, Flexibility training, Weight machines, Swimming, Other _____

What is your reason for having a personal trainer? _____

What specific goals do you want to achieve? _____

What motivates you? _____

Is there anything else you feel your trainer should know?

What are the best days and times for you to work out?

CLIENT INFORMATION

Participant:

Name:

Address

E-Mail

Date of Birth:

Age:

Gender:

Height:

Weight:

Occupation:

Describe your job:

Do you smoke or drink? How much?

How many hours of sleep do you get per night?

Do you have any allergies?

How many times do you work out per week?

What time of the day do you work out?

Short Term Goals:

Long Term Goals:

Experience:

Current Diet:

List your last 5 meals:

What does your current training program look like?

CONSENT FORM

I acknowledge that I am in good health, have answered the previous questions truthfully, and have no known medical problems that would preclude safe participation in this exercise program.

Signature: _____

Date: _____

