

PACE TRAINING Inc.
Information Sheet

Name: _____ Start Date: _____

Birthday: _____ Height: _____ Weight: _____

Street Address: _____

City: _____ ZIP: _____

Phone #s: Home: _____ Mobile/Pager: _____

Work: _____ Email: _____

How did you hear about Pace Training Inc.? _____

PLEASE LIST ANY:

CURRENT INJURIES:

PRIOR SURGERIES:

MEDICATIONS:

GOALS: _____

NO SHOW POLICY: *Please call Pace Training if you are going to miss a day of Boot Camp. Your continued presence will ensure greater results. Your missed days will not be carried over to another class.*

REFUND POLICY: *If you can not make the 4 week session that you scheduled, please let Pace Training know 72 hours ahead of time so that we can fill your spot and schedule your next session. Sessions that are paid in advance will be held as credits to your account. These credits cannot be redeemed for cash value.*

FITNESS ASSESSMENT: *As a new client of Pace Training you will receive a Fitness Assessment. This Assessment will help us set goals, track progress, and keep track of your personal health concerns, needs and measurements.*

Client Signature: _____

PAR Q.

- Yes No 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Yes No 2. Do you feel pain in your chest when you do physical activity?
- Yes No 3. In the past month, have you had chest pain when you were not doing physical activity?
- Yes No 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes No 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes No 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes No 7. Do you know of any reason why you should not do physical activity?

ACSM HEALTH STATUS QUESTIONNAIRE

- Yes No 1. Do you have any personal history of heart disease?
- Yes No 2. Do you have any personal history of metabolic disease (thyroid, renal, liver)?
- Yes No 3. Have you had diabetes less than 15 years?
- Yes No 4. Have you had diabetes 15 years or more?
- Yes No 5. Have you experienced pain or discomfort in your chest apparently due to blood flow Deficiency?
- Yes No 6. Any unaccustomed shortness of breath (perhaps during light exercise)?
- Yes No 7. Have you had any problems with dizziness or fainting?
- Yes No 8. Do you have difficulty eating while standing or sudden breathing problems at night?
- Yes No 9. Do you suffer from ankle edema (swelling of the ankles)?
- Yes No 10. Have you experienced rapid throbbing or fluttering of the heart?
- Yes No 11. Have you experienced severe pain in leg muscles during walking?
- Yes No 12. Do you have a known II heart murmur?
- Yes No 13. Do you have any family, history of cardiac or pulmonary disease prior to age 55?
- Yes No 14. Have you been assessed as hypertensive on at least 2 occasions?
- Yes No 15. Has your serum cholesterol been measured at greater than 240 mg/dl?
- Yes No 16. Has your LDL cholesterol been measured at greater than 160 mg?
- Yes No 17. Are you a cigarette smoker?
- Yes No 18. Would you characterize your lifestyle as "sedentary"?

I have read and have answered all the questions above accurately and honestly.

Name _____

Signature _____

Date _____

**PARTICIPANT'S AGREEMENT, RELEASE
AND ACKNOWLEDGEMENT OF RISK**

We thank you for your continued support and membership in our Boot Camp classes. In an effort to provide you with opportunities to maximize your fitness goals, we would like to solicit your input. Your observation and opinions are a valuable resource that we would like to utilize. We are asking that you agree to notify us if you become aware of any problems or defective equipment at this facility. This is your Boot Camp and your chance to participate in its management. We would also like to remind you that this is your responsibility to make certain that your exercise program is the right one for you. You must consult with your physician before beginning or modifying any exercise regime.

1. I warrant that I am in good health and that I have notified Pace Training of any pre-existing medical conditions that I have.
2. The storage of valuables is at my own risk.
3. If equipment is defective, I will not use it and I will report its condition to a staff member of the club.
4. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.
5. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless **Pace Training**, for any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Pace Training equipment or facilities, including any such claims which allege the negligent acts or omissions of **Pace Training**.
6. Should **Pace Training** or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless for all such fees and costs.
7. In the event that I file a lawsuit against **Pace Training**, I agree to do so solely the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.

By my signature below, I acknowledge that I have read the foregoing, understand it and agree to the terms.

Signature: _____ Date:

* If under the age of 18 signature of a parent or guardian is required.

Signature of Parent or Guardian: _____

Date: _____

Print Name: _____

Parent Street Address: _____

City: _____ Zip: _____

Phone: _____

THANK YOU FOR CHOOSING **Pace Training** TO HELP YOU ACHIEVE YOUR FITNESS GOALS.