## BeneFIT Body BODY TRANSFORMATION EVALUATION ASSESSMENT

Physical activity should not be hazardous for most people. The PAR-Q has been designed to identify those individuals who should seek medical attentions prior to beginning a physical fitness program.

Please answer all questions accurately and honestly to allow us to fully determine your individual needs.

**Client Information:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Name First Name Birth Date M/F

Street Address Apt# City State Zip

Phone# E-Mail

Body Fat %\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

BMI\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_

 PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HEIGHT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WEIGHT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **YES NO**

1. Do you have high cholesterol? \_\_\_\_\_ \_\_\_\_\_

2. Has your doctor ever said that you have heart trouble? \_\_\_\_\_ \_\_\_\_\_

3. Has your doctor ever told you that you have a bone or

joint problem (such as arthritis) that has been or may be

exacerbated by physical activity? \_\_\_\_\_ \_\_\_\_\_

4. Has your doctor ever told you that your blood pressure

was too high? \_\_\_\_\_ \_\_\_\_\_

5. Are you over 65 years of age and not accustomed to

vigorous exercise? \_\_\_\_\_ \_\_\_\_\_

6. Is there any reason, not mentioned thus far, that

would not allow you to participate in a physical fitness

program? \_\_\_\_\_ \_\_\_\_\_

**The following information will be treated as privileged YES NO**

**information:**

1. Do you ever feel weak, fatigued, or sluggish? \_\_\_\_\_ \_\_\_\_\_

2. How many meals do you eat each day? Explain a normal day of meals to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you know how many calories you eat in a day? \_\_\_\_\_ \_\_\_\_\_

4. Do you eat breakfast? \_\_\_\_\_ \_\_\_\_\_

5. Are you taking supplements?

 (i.e. vitamins, amino acids, protein shakes, etc.) \_\_\_\_\_ \_\_\_\_\_

6. Do you crave sugary foods? \_\_\_\_\_ \_\_\_\_\_

7. Do you need several cups of coffee to keep you going

throughout the day? \_\_\_\_\_ \_\_\_\_\_

8. Do you often experience digestive difficulties? \_\_\_\_\_ \_\_\_\_\_

9. Proper nutrition can increase the body’s ability to enhance

physical and mental performance by up to 80%. Do you feel

that a properly structured nutrition and exercise program would

benefit you?

10. Do you currently workout? If so, explain what your workout regimen looks like, how many times you attend per week, for how long and how intense? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. What would you rate your daily activity level?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Injuries/limitations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. What has motivated you to seek a trainer today instead of 4 weeks or 4 months ago?

14. What are some of your hobbies?

15. What do you do for a living?

16. When is the last time you weighed yourself and how often do you weigh yourself?

17 How much water do you drink daily?

18. What is your current activity level?

19 What are some of your physical goals that you would like to achieve?

20. Do you have any injuries/illnesses/etc?

21. Have you ever worked with a personal trainer? If so, why did it not work out?

22. What are some of your favorite foods?

23. What are some foods you dislike?

24. Do you have any food allergies? If so, please list here:

25. What are some of your favorite “cheat” foods?

26. Do you smoke or drink?

27. Are you on any medications? If so, please list here:

28. Do you intend on following your workouts at home or at a gym?

29. Do you have any equipment at home? If so, please list here:

30. Are you currently on any medications? If yes, please list here:

31. When have you felt your healthiest?

32 Have you reached and maintained your goals?

33. Are you happy with the way you look and your health? \_\_\_\_\_ \_\_\_\_\_

34. On a scale of 1 to 10, how serious are you about achieving your goals?

**least 1 2 3 4 5 6 7 8 9 10 most**

**Please list your desired fitness goals:**

Desired Body Fat: \_\_\_\_\_\_\_\_\_ Desired Weight: \_\_\_\_\_\_\_\_\_

Desired Waist Size: \_\_\_\_\_\_\_\_\_ Desired Dress or Pant Size: \_\_\_\_\_\_\_\_\_

I plan to exercise \_\_\_\_\_\_\_\_\_ times a week

**I am interested in: I would like to:**

**TOP 5 GOALS YOU WISH TO ACCOMPLISH WHILE WORKING WITH BENEFIT BODY PERSONAL TRAINING:**

**1.**

**2.**

**3.**

**4.**

**5**

The Personal Training Program Service and Release of Liability Agreement (the “Agreement”) is between **BeneFIT Body Personal Training LLC** and you, the Client. It is agreed by and between **BeneFIT Body Personal Training LLC** that Client is purchasing, for the benefit of the Client, Personal Training Services, from **BeneFIT Body Personal Training** according to the terms on the front and reverse side of this Service. Client whom this agreement belongs to is agreeing to enroll for the 12 month program and will be subject to ensure all payments have been made by the end of the 12 months of clients program. If client wishes to use and/or follow a payment method of making multiple payments, client will be continued to be enrolled in auto-withdrawal payments to receive the remaining balance for his/her membership and/or program. The client whom this agreement has been signed by is agreeing to take full responsibility to ensure payments are made to equal up to full tuition that’s listed in total due box. If client payments are declined and/or not processing correctly, our payment structure and system will continue to attempt payment withdrawal until payments have been made. If clients payment has not been received 30 days after due date, client will be subject to being sent to collection agencies to take care of the issue at a higher level.

Client agrees that the materials sent to her/him are not to be shared, distributed, printed and given to others, and/or sold for distribution. Client agrees that training programs, nutrition programs and everything else provided to client is professionally kept between client and trainer and is not distributed outside of client and trainer. Client agrees that what ever is shared in the private training groups is to not be shared outside of the group as our confidentiality is important and should be kept hidden within the group only. Your results are ultimately up to client and if client follows and agrees to follow the training programs and advice given from trainer. If client does not see optimal results client agrees to not slander, or discuss of BeneFIT Body and/or Kelsey Melling in a negative manner. Client is agreeing that over the time working together he/she will fully commit and give 100% of their efforts to training program. Client understands that no refunds are allowed unless due to death. BeneFIT Body is responsible for their actions and client is responsible for theirs.

**CLIENT ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF BeneFIT Body Personal Training LLC. CLIENT ACKNOWLEDGES THESE PHYSICAL ACTIVITIES INVOLVES THE INHERENT RISK OF PHYSICAL INJURIES OR OTHER DAMAGES, INCLUDING, BUT NOT LIMITED TO, HEART ATTACKS, MUSCLE STRAINS, PULLS OR TEARS, BROKEN BONES, SHIN SPLINTS, HEAT PROSTRATION, KNEE/LOWER BACK/FOOT INJURIES AND ANY OTHER ILLNESS, SORENESS, OR INJURY HOWEVER CAUSED, OCCURRING DURING OR AFTER CLIENT’S PARTICIPATION IN THE PHYSICAL ACTIVITIES. CLIENT FURTHER ACKNOWLEDGES THAT SUCH RISKS INCLUDE, BUT ARE NOT LIMITED TO, INJURIES CAUSED BY THE NEGLIGENCE OF AN INSTRUCTOR OR OTHER PERSON, DEFECTIVE OR IMPROPERLY USED EQUIPMENT, OVER-EXERTION OF A CLIENT, SLIP AND FALL BY CLIENT, OR AN UNKNOWN HEALTH PROBLEM OF CLIENT. CLIENT AGREES TO ASSUME ALL RISK AND RESPONSIBILITY INVOLVED WITH PARTICIPATION IN THE PHYSICAL ACTIVITIES. CLIENT AFFIRMS THAT CLIENT IS IN GOOD PHYSICAL CONDITION AND DOES NOT SUFFER FROM ANY DISABILITY THAT WOULD PREVENT OR LIMIT PARTICIPATION IN THE PHYSICAL ACTIVITIES. CLIENT ACKNOWLEDGES PARTICIPATION WILL BE PHYSICALLY AND MENTALLY CHALLENGING, AND CLIENT AGREES THAT IT IS THE RESPONSIBILITY OF CLIENT TO SEEK COMPETENT MEDICAL OR OTHER PROFESSIONAL ADVICE, REGARDING ANY CONCERNS OR QUESTIONS INVOLVED WITH THE ABILITY OF CLIENT TO TAKE PART IN BENEFIT BODY PERSONAL TRAINING LLC PHYSICAL ACTIVITIES. BY SIGNING THE AGREEMENT, CLIENT ASSERTS THAT HE OR SHE IS CAPABLE OF PARTICIPATION IN THE PHYSICAL ACTIVITIES. CLIENT AGREES TO ASSUME ALL RISK AND RESPONSIBILITY FOR NOT EXCEEDING HIS OR HER PHYSICAL LIMITS.**

**INITIAL:\_\_\_\_\_**