



**MY WORKOUT BUDDY**

# Who Are You?

*This form provides the information I need to contact you or others on an emergency basis.*

**Today's Date** \_\_\_\_\_

## YOUR CONTACT INFORMATION

**Full Name** \_\_\_\_\_ **Nickname** (*What should I call you?*) \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Physical Address: Street** \_\_\_\_\_

**Physical Address: City, State, Zip** \_\_\_\_\_

## HOW DID YOU HEAR ABOUT KRISTY WEGERT / MY WORKOUT BUDDY?

Print Advertisement

Internet search / Google

Social Media

Which platform?  Facebook  Instagram  YouTube  LinkedIn

Personal Referral: Name of person who referred you \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

**Full Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Physical Address: Street** \_\_\_\_\_

**Physical Address: City, State, Zip** \_\_\_\_\_



**MY WORKOUT BUDDY**

# Consent to Disclose

*This form allows me to discuss your information with anyone of your choosing, like a doctor or therapist.*

**Today's Date:** \_\_\_\_\_

I, \_\_\_\_\_, give permission to Kristy J. Wegert, CPT and Owner of My Workout Buddy, LLC to disclose my personal and health information to the following individuals:

**Name** \_\_\_\_\_

**Company/organization** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Company/organization** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_

**Company/organization** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Participant** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

*signature*



**MY WORKOUT BUDDY**

## Waiver | Release of Liability & Assumption of Risk

*This form states that you are knowingly healthy enough to undergo requested personal training services in your own home with your own equipment, and you will not hold Kristy Wegert nor My Workout Buddy responsible for any injuries sustained in your own home with your own equipment.*

### **RECITALS**

I, \_\_\_\_\_, understand that My Workout Buddy, LLC is a personal training service provider. I have requested My Workout Buddy, LLC to conduct personal fitness training. I will provide my own equipment to be used in connection with our workouts. I hereby agree to the following:

### **ACKNOWLEDGMENT OF PURCHASE**

I, \_\_\_\_\_, through the purchase of training sessions, have agreed to participate voluntarily in a program of physical exercise, including, but not limited to, strength training, flexibility development, balance training and aerobic exercise ("Activities"), under the guidance of the American Council on Exercise Certified Personal Trainer My Workout Buddy, LLC, its authorized agents, employees, and contractors ("Trainer").

**Initial** \_\_\_\_\_

### **ACKNOWLEDGMENT OF HEALTH**

I declare myself physically and mentally sound and suffer from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in training sessions or my use of Equipment (as defined below). I acknowledge I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of Equipment. I recognize it is my sole responsibility to obtain an examination by a physician prior to involvement in any exercise program. I acknowledge I have either had a physical examination and been given my physician's permission to participate, or if I have chosen not to obtain a physician's permission prior to beginning this exercise program with Trainer, I acknowledge I am doing so at my own risk.

**Initial** \_\_\_\_\_

*continued >*



## Waiver | Release of Liability & Assumption of Risk PAGE 2 OF 3

### EQUIPMENT

I will provide my own equipment or machinery to be used in connection with workouts, including, but not limited to, benches, dumbbells, barbells, and similar items ("Equipment"). I represent and warrant any and all Equipment I provide for training sessions ("My Equipment") is for personal use only. I acknowledge that Trainer has not inspected My Equipment and has no knowledge of its condition. I understand I take sole responsibility for My Equipment.

**Initial** \_\_\_\_\_

### ASSUMPTION OF RISK

I understand and am aware that Activities, including the use of Equipment, are potentially hazardous. I acknowledge the possibility that injuries along with physical and mental changes ("Injuries and Changes") arising during and/or resulting from engaging in Activities does exist. Injuries and Changes include, but are not limited to, abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and, in some instances, death. I understand Injuries and Changes could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I am voluntarily participating in Activities and using Equipment with knowledge of the dangers involved. I understand and take sole responsibility for any and all Injuries and Changes that may occur to myself and/or others present, including but not limited to Trainer, related to any and all Activities associated with Trainer's instruction, even if not specifically set forth in this document, whether or not they fall within the scope of reasonably foreseeable injuries related to such Activities, and whether or not undertaken in Trainer's presence. Although the Trainer will take precautions to ensure my safety, I expressly assume and accept sole responsibility for my safety, the safety of others present, and for any and all Injuries and Changes that may occur.

**Initial** \_\_\_\_\_

### WAIVER AND RELEASE OF LIABILITY

In consideration of Trainer's agreement to instruct, assist, and train me, I hereby agree to hold harmless Trainer, its respective representatives, executors, agents, and assigns from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected to my participation in any and all Activities, use of Equipment, or any and all acts or omissions, including negligence by Trainer and its

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## Waiver | Release of Liability & Assumption of Risk PAGE 3 OF 3

representatives. This waiver and release of liability includes, but is not limited to, (a) Injuries and Changes to myself or others that may occur as a result of (i) Equipment that may malfunction or break; (ii) any and all defects, latent or apparent, in the design or condition of Equipment; (iii) any and all slips, falls, or dropping of Equipment; (iv) any and all improper maintenance of Equipment or facilities; (v) any hazardous condition that may exist on the premises, including, but not limited to, the specific workout area; and (vi) Trainer's negligent instruction or supervision; (b) damage to property, including but not limited to, Equipment and the premises.

**Initial** \_\_\_\_\_

### CONCLUSION

I acknowledge and agree no warranties or representations have been made to me regarding the results I will achieve from this program. I understand the results are individual and may vary.

I acknowledge I have thoroughly read this waiver and release and fully understand it is a waiver and release of liability. By signing this document, I am waiving any right I, or my heirs and/or assigns, may have to bring any and all legal actions or assert any and all claims against Trainer, its respective representatives, executors, and/or assigns.

I represent and warrant I am signing this agreement freely and willfully and not under fraud or duress. I further represent and warrant no social relationship exists between Trainer and me, or if such a social relationship exists, for purposes of my training sessions, Trainer and I have assumed a strict business relationship, and I understand any social relationship does not render this waiver invalid. These exculpatory clauses are intended to apply to any and all activities occurring during the time for which I have contracted with Trainer.

**Initial** \_\_\_\_\_

**Participant** \_\_\_\_\_  
*signature*

**Today's Date** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_  
*signature*

**Today's Date** \_\_\_\_\_



## Physical Readiness Questionnaire (PAR-Q)

*This form is to help you assess your suitability for increased physical activity.*

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and completion of PAR-Q is a sensible first step if you are planning to increase the amount of physical activity in your life. For most, activity should not pose any problem or hazard. PAR-Q is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read each question carefully and select the most accurate answer.

- Has your doctor ever said you have heart trouble? .....  Yes  No
- Do you frequently have pains in your heart and chest?.....  Yes  No
- Do you often feel faint or have spells of severe dizziness?.....  Yes  No
- Has a doctor ever said your blood pressure is too high? .....  Yes  No
- Has your doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or might be made worse with exercise? .....  Yes  No
- Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?.....  Yes  No
- Are you over the age of 65 and not accustomed to vigorous exercise? .....  Yes  No

### “YES” TO ONE OR MORE QUESTIONS

If you have not recently done so, consult with your personal physician by phone or in person before increasing your physical activity, and/or taking a fitness appraisal. Tell your physician what questions you answered yes to on PAR-Q, or present your PAR-Q copy. After medical evaluation, seek advice from your physician as to your suitability for:

- » Unrestricted, physical activity, starting off easily and progressing gradually
- » Restricted or supervised activity to meet your specific needs, at least on an initial basis (check in your community for special programs or services)

### “NO” TO ALL QUESTIONS

If you answered PAR-Q accurately, do you have reasonable assurance of your present suitability for

- » A graduated exercise program (a gradual increase in proper exercise, promotes good fitness development, while minimizing or eliminating discomfort)
- » A fitness appraisal

Postpone exercise if you have a temporary minor illness, such as a common cold.

Participant \_\_\_\_\_  
*signature*

Today's Date \_\_\_\_\_



**MY WORKOUT BUDDY**

## 24-Hour Cancellation Policy

*This form reviews what happens if you need to cancel your upcoming workout session.*

My Workout Buddy, LLC asks for 24-hour notice for either rescheduling or cancellations.

**Failure to provide a minimum 24-hour notice for rescheduling or cancelling will cost the session you were going to use.**

We understand life happens. If you buy a package of ten, you get one freebie cancellation (also called a mulligan, aka “no penalty”) per package. After that, you will be charged for the session.

I will send you a confirmation text, as a courtesy, the day before your workout. Keep in mind, this confirmation notice may be within the 24-hour penalty window. Please be mindful of your upcoming workouts and cancel/reschedule before the 24-hours is up.

You prepay for your sessions/packages and they are non-refundable.

Sessions are not transferable unless otherwise specified.

Your sessions must be used within one year of the date of purchase.

**Participant** \_\_\_\_\_  
*signature*

**Today's Date** \_\_\_\_\_



## Medical/Health Status Questionnaire

*This form allows me to learn more about your physical health and lifestyle so I can properly tailor your workouts.*

Please answer every question as accurately as possible so that a correct assessment can be made. Don't hesitate to reach out to me if you have any questions. Your responses will be strictly confidential.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

### MEDICAL SCREENING

Do you have any personal history of heart disease (coronary or atherosclerotic disease)? .....  Yes  No

Any personal history of diabetes or other metabolic disease (thyroid, renal, liver)? .....  Yes  No

Any personal history of pulmonary disease, asthma, interstitial lung disease or cystic fibrosis? .....  Yes  No

Have you experienced pain or discomfort in your chest apparently due to blood flow deficiency? .....  Yes  No

Any unaccustomed shortness of breath (perhaps during light exercise)? .....  Yes  No

Have you had any problems with dizziness or fainting? .....  Yes  No

Do you have difficulty breathing while standing or sudden breathing problems at night? .....  Yes  No

Have you experienced a rapid throbbing or fluttering of the heart? .....  Yes  No

Do you suffer from ankle edema (swelling of the ankles)? .....  Yes  No

Have you experienced severe pain in leg muscles during walking? .....  Yes  No

Do you have a known heart murmur? .....  Yes  No

Has your serum cholesterol been measured at greater than 200 mg/dl? .....  Yes  No

Has your HDL (the "good" cholesterol) been measured at greater than 60 mg/dl? .....  Yes  No

*continued >*





## Medical/Health Status Questionnaire PAGE 2 OF 3

- Are you a cigarette smoker? .....  Yes  No
- Would you characterize your lifestyle as “sedentary”? .....  Yes  No
- Have you had a high fasting blood glucose level on 2 or more occasions ( $\geq 110\text{mg/dl}$ )? .....  Yes  No
- Are you 20% or more overweight or have you been told your “BMI” was greater than 30? .....  Yes  No
- Have you been assessed as hypertensive on at least 2 occasions (systolic  $> 140\text{ mmHg}$  or diastolic  $> 90\text{mmHg}$ )? .....  Yes  No
- Do you have any family history of cardiac or pulmonary disease prior to age 55? .....  Yes  No

### MEDICAL HISTORY: DETAIL

Are you currently being treated for high blood pressure? .....  Yes  No

Please enter your average blood pressure if you know it \_\_\_\_\_/\_\_\_\_\_

#### Please check all conditions or diagnoses that apply:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Abnormal EKG            | <input type="checkbox"/> Rheumatic Fever                 | <input type="checkbox"/> Asthma           | <input type="checkbox"/> Back Problems         |
| <input type="checkbox"/> Limited Range of Motion | <input type="checkbox"/> Bursitis                        | <input type="checkbox"/> Foot Problems    | <input type="checkbox"/> Anemia                |
| <input type="checkbox"/> Stroke                  | <input type="checkbox"/> Chronic Headaches/<br>Migraines | <input type="checkbox"/> Stomach Problems | <input type="checkbox"/> Other Lung Problems   |
| <input type="checkbox"/> Abnormal Chest X-Ray    | <input type="checkbox"/> Low Blood Pressure              | <input type="checkbox"/> Bronchitis       | <input type="checkbox"/> Shoulder Problems     |
| <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Swollen or Painful Joints       | <input type="checkbox"/> Knee Problems    | <input type="checkbox"/> Are You Pregnant      |
| <input type="checkbox"/> Epilepsy or Seizures    | <input type="checkbox"/> Persistent Fatigue              | <input type="checkbox"/> Hernia           | <input type="checkbox"/> Recently Broken Bones |
|  |  | <input type="checkbox"/> Emphysema        |  |

Has a doctor imposed any activity restrictions? If so, please describe.

*continued >*



## Medical/Health Status Questionnaire PAGE 3 OF 3

### FAMILY HISTORY

**Have your mother, father, or siblings suffered from any of the following? Please select all that apply.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Heart attack or surgery prior to age 55. | <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Hypertension                     |
| <input type="checkbox"/> High cholesterol                         | <input type="checkbox"/> Congenital heart disease or left ventricular hypertrophy | <input type="checkbox"/> Asthma                           |
| <input type="checkbox"/> Stroke prior to age 50.                  | <input type="checkbox"/> Obesity  | <input type="checkbox"/> Leukemia/cancer prior to age 60. |
|   |   | <input type="checkbox"/> Osteoporosis                     |

### MEDICATION

**Please select any medications you are currently using.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Diuretics            | <input type="checkbox"/> Cholesterol              | <input type="checkbox"/> NSAIDS/Anti-inflammatories (Motrin, Advil) |
| <input type="checkbox"/> Other Cardiovascular | <input type="checkbox"/> Alpha Blockers           | <input type="checkbox"/> Other Drugs (list below)                   |
| <input type="checkbox"/> Beta Blockers        | <input type="checkbox"/> Diabetes/Insulin         |   |
| <input type="checkbox"/> Vasodilators         | <input type="checkbox"/> Calcium Channel Blockers |   |

**Please list the medication you currently take.**

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

### OTHER

**Please indicate any other medical conditions or activity restrictions you may have. It is important this information be as accurate and complete as possible.**



**MY WORKOUT BUDDY**

Thank you so much for filling out these forms, and I'm so excited to work with you!

Please email your completed forms to:

**[kwmyworkoutbuddy@gmail.com](mailto:kwmyworkoutbuddy@gmail.com)**