

All the information that you provide in this questionnaire is strictly confidential and will become part of your training records.

Client Name: _____ Date: _____
Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell/ Business: _____
Email: _____

Exercise and Goal Intent

1. What is your main goal for exercising? (Circle all that apply)
 - a. Weight Loss
 - b. Shaping and Toning
 - c. Weight Gain
 - d. Building Muscle
 - e. Building Strength
 - f. Overall Health
 - g. Lower Blood Pressure or Cholesterol
 - h. Other (please explain):
2. How long have you been thinking about getting into better shape?
3. Why is this outcome important to you?
4. What has stopped you from accomplishing this goal in the past?
5. Are you participating in any physical activity now?
What?

How often?
6. If not, how long has it been since you have been involved in a regular exercise program?
7. Does your spouse and family fully support you in your health goal?
8. How much time per week are you willing to commit towards accomplishing your fitness goals?
9. Have you ever had a health/fitness program designed for you by a professional? If yes, how long ago and what were the results?
10. On a scale of 1-10, how serious are you toward accomplishing your goals?
11. Is there anything not previously mentioned that would prevent you from getting started on a regular exercise program?

PAR- Q

Physical Activity Readiness Questionnaire

During this section, a number of questions regarding your physical health are to be answered. Please answer every question as accurately as possible so that a correct assessment can be made. *Please place a check in the space to the left of the question to answer “Yes.” Leave blank if the answer is no.* Please ask if you have any questions. Your answers will remain strictly confidential!

1. Do you have any personal history of heart disease?
2. Do you have any family history of cardiac or pulmonary disease prior to age 55?
3. Have you been assessed as hypertensive on at least 2 occasions?
4. Has your serum cholesterol been measured at greater than 200mg/dl?
5. Has your HDL (the “good” cholesterol) been measured at greater than 60mg/dl?
6. Do you have diabetes?
7. Are you are a cigarette smoker?
8. Would you characterize your lifestyle as “sedentary”?
9. Any history of metabolic disease? (thyroid, renal, liver)
10. Any bouts of shortness of breath?
11. Do you have difficulty breathing while standing or sudden breathing problems at night?
12. Have you had any problems with dizziness or fainting?
1. Do you suffer from ankle edema (swelling of ankles)?
 2. Have you experienced severe pain in leg muscles during walking?

Health and Lifestyle

Are there any medications you are currently taking? If so, please list

Medication	Dosage	Reason for Taking
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you drink coffee or any form of energy drink? If so, how much

Do you have an ergonomically designed workstation/desk?

How many hours per week do you spend in front of a computer?

What time do you usually go to bed?

What time do you usually wake in the morning?

How many meals per day do you typically eat?

Do you suffer from back pain? If so, please explain

Do you experience stiff, swollen or painful joints? If so, please explain

Have you ever broken any bones? If so, which one(s) and when

Have you had any surgery? If so, why and when

Do you have numbness or stabbing pains anywhere? If so, please explain

Do you have difficulty sleeping?

Are you pregnant?

Do you experience fatigue or lack of energy? If so, please explain

Have you ever been advised by a physician to avoid any type of exercise? If so, please explain

Client signature: _____ Date: _____

Trainer Signature: _____ Date: _____

Audio/Video Release Form

To: Micheal Zerbato

Yes, I give my permission to have you record, photograph, or videotape and produce a digital medium (CD/DVD/Blog/Website) of my participation in the Michael Zerbato workout. I consent to your use of

my appearance, image and participation, in whole or in part in this camp or other derivative materials based on these recordings/photographs/videotapes and I understand that you intend to use the audio and/or video and/or photographs for educational, promotional and commercial applications.

You do not have any obligation whatsoever to use all or any part of my participation in the workout, and you may edit any audio, photographs or visual recording of my participation at your discretion. I understand that you shall have the right to reproduce, distribute prepare derivative works based on my participation, publicly perform and display, advertise and publicize my participating in the Michael Zerbato workout without compensation to me. In the unlikely event of unresolved differences, these differences will be submitted to the American Arbitration Association for binding arbitration.

IN WITNESS WHEREOF, this release is signed on this _____ day of _____, 200
(day) (month)

Preferred name to use for materials: _____

Legal name: _____

Signature: _____

Complete Address: _____

Home () _____; Cell () _____

Email: _____