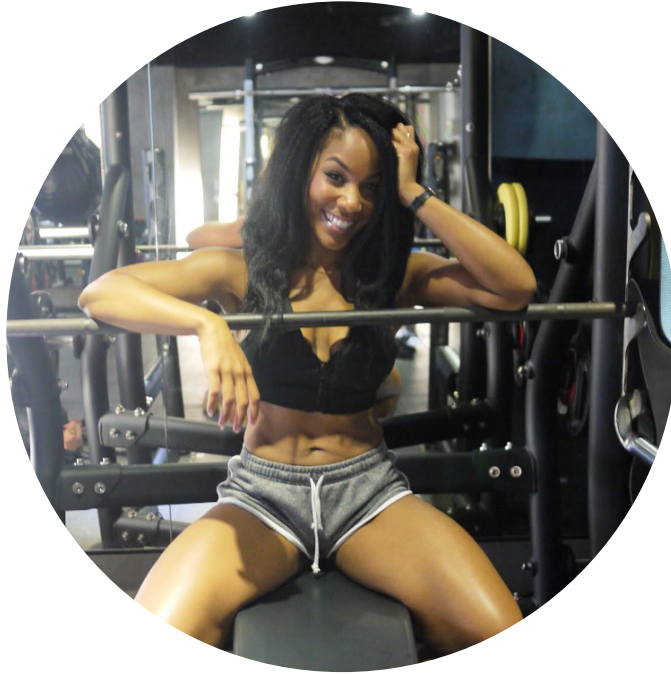


TAMEIKAG



Online Program – Questionnaire and Waiver Form

Full Name: _____

Date: _____

CLIENT INFORMATION

Pref. Name: _____ Age: _____ City/Country _____

Email address: _____ Occupation: _____

Height: _____ Weight: _____ Body Fat %: _____ (try to obtain this at your local gym)

Measurements:

Chest (Inches): _____

Waist (Inches): _____

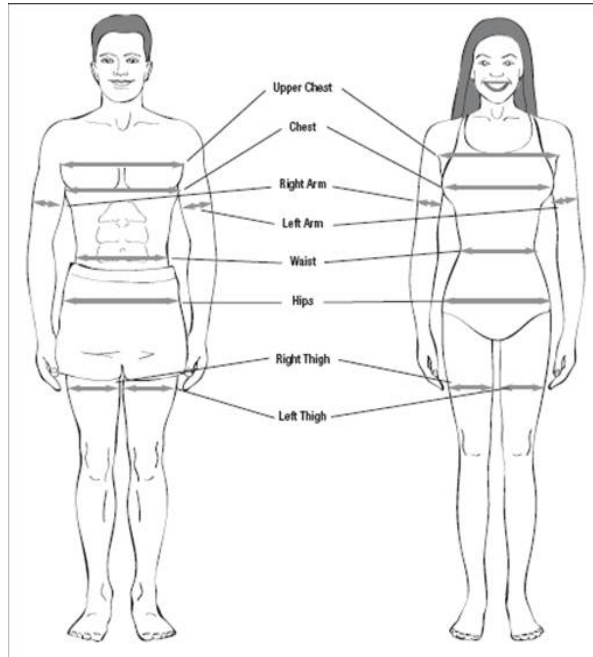
Hips (Inches): _____

Bicep Left (Inches): _____

Bicep Right (Inches): _____

Thigh Left (Inches): _____

Thigh Right (Inches): _____



1) Why did you decide to invest in an online program? Please check that which applies.

- Lose Weight Develop Muscle Tone Gain Weight & Increase Muscle Size
- Lose Body Fat Rehabilitate an Injury Motivation & Accountability
- Other _____

2) How did you hear about me? Please check that which applies.

- Word of Mouth: Referred by _____ Social Media
- Google Search Other _____

PAR-Q FORM

Please mark YES or No to the following:

YES

NO

1) Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

2) Do you frequently have pains in your chest when you perform physical activity?

3) Have you had chest pain when you were not doing physical activity?

4) Do you lose your balance due to dizziness or do you ever lose consciousness?

5) Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?

6) Are you pregnant now or have given birth within the last 6 months?

7) Have you had a recent surgery?

If you have marked YES to any of the above, please elaborate below:

8) Do you take any medications, either prescription or non-prescription, on a regular basis? Yes No

If answered yes, what is the medication and what is it for? _____

If answered yes, how does this medication affect your ability to exercise or achieve your fitness goals?

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If you answered **YES** to one or more of the above questions:

- Talk with your doctor by phone or in person BEFORE and receive clearance before beginning fitness program. Tell your doctor about the PAR-Q and which questions you answered YES.
- You may be able to do any activity you want-as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about kinds of activities you wish to participate in and follow his/her advice.

LIFESTYLE RELATED QUESTIONS

1) Do you smoke? Yes No

If yes, how many cigarettes per day? _____

2) Do you drink alcohol? Yes No

If yes, how many glasses per week? _____

3) How many hours do you regularly sleep at night? _____

4) Describe your job: Sedentary Active Physically Demanding

5) Were you overweight as a child? Yes No

If yes, at what age(s)? _____

FITNESS HISTORY

1) When were you in the best shape of your life? _____

2) When did you first start thinking about getting in shape this time? _____

3) Why did you decide now was the time to get in shape? _____

4) What, if anything, has stopped you in the past? _____

5) On a scale of 1-10, how would you rate your present fitness level (1=Worst 10=Best)? _____

NUTRION RELATED QUESTIONS

1) On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)? _____

2) How many times a day do you usually eat (including snacks)? _____

3) Do you skip meals? YES NO

4) Do you eat breakfast? YES NO

5) Do you eat late at night? Sometimes Often Never

6) How many litres of water do you consume daily? _____ (2 bottles of water (500 ml) = 1 litre)

8) Do you know how many calories you eat per day? YES NO

If yes, how many? _____

9) Are you currently or have you ever taken a multivitamin or any other food supplements? YES NO

If yes, please list the supplements: _____

EXERCISE RELATED QUESTIONS

1) How often do you take part in physical exercise? 5-7x/week 3-4x/week 1-2x/week

2) Do you attend a gym? YES NO

If yes, which gym?: _____

If no, can you list out the equipment you have at home? _____

2) If your participation is lower than you would like it to be, what are the reasons?

Lack of Interest

Illness/Injury

Lack of Time

Other _____

3) How long have you been consistently physically active for? _____

4) What activities are you presently involved in?

BUILDING YOUR FITNESS PROGRAM

1) Please check how you prefer to exercise:

AT HOME

GYM

OUTSIDE

SPORTS

GROUPS CLASSES (if so, what type? _____)

- 2) Realistically, how often a week can you commit to exercising in total? _____x/week
- 3) Realistically, how much time would you like to spend during each exercise session? _____
- 4) What are the best days during the week for you to commit to your exercise program (Please check)?

M T W T F S S

GOAL SETTING

1) Please list in order of priority, the fitness goals you would like to achieve with training? Be Specific.

- a) _____
- b) _____
- c) _____

2) Where do you rate health in your life? Low priority Medium Priority High priority

3) How committed are you to achieving your fitness goals? Very Semi Not very

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

1) I, _____, wish to participate in the online training program(s) offered by Tameika Gentles. I understand there are inherent risks in participating in a program of strenuous exercise and strict diet plans. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program and meal plan within sixty (60) days of the date set forth on page 1. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program and meal plan. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth on page 1 to obtain his/her approval for my participation in a fitness program and meal plan. I agree that Tameika Gentles shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program or meal plan (whether at home, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release Tameika Gentles, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program and meal plan, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns. **I have read and understand this term: _____(initial)**

2) I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance has been attained if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform Tameika Gentles of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury. **I have read and understand this term: _____(initial)**

3) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation outlined on my training program. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform Tameika Gentles. **I have read and understand this term: _____(initial)**

4) I understand the results of any fitness program and meal plan cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: _____(initial)

5) I understand that Tameika Gentles bills clients based on a pre-pay basis. Once she and I have decided on the package to be purchased, payments must be paid in full before plan is received. Payment through Paypal/ website is accepted only. I understand that all online programs are non-refundable and non-transferrable.

I have read and understand this term: _____(initial)

6) I understand that the usage of any nutritional supplements is done under my own will and has not been prescribed by Tameika Gentles.

I have read and understand this term: _____(initial)

7) I understand that Tameika Gentles may use photographs of client success stories (upon consent of client) and I provide Tameika Gentles the absolute right and permission to use these pictures/images for any lawful promotional, advertising or marketing purpose.

I have read and understand this term: _____(initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Tameika Gentles

CLIENT

PERSONAL TRAINER

DATE

DAILY FOOD LOG

DAY 1 (WEEKDAY)	DAY 2 (WEEKDAY)	DAY 3 (WEEKEND)

Please Note: It is important you are as honest as possible with your Daily Food Log. This will give me a true depiction of what your habits are like today. List all items consumed (including liquids).

PREFERENCES

My Top 5 Favourite Breakfast Foods

1) _____

2) _____

3) _____

4) _____

5) _____

My Top 5 Favourite Snacks

1) _____

2) _____

3) _____

4) _____

5) _____

My Top 5 Favourite Entrees

1) _____

2) _____

3) _____

4) _____

5) _____

Please list any Allergies or Foods you dislike: