

New Client Packet

Client Information

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email: _____ Birth Date: ___/___/___

PAR-Q

Please mark YES or No to the following:

- _____ Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?
- _____ Do you frequently have pains in your chest when you perform physical activity?
- _____ Have you had chest pain when you were not doing physical activity?
- _____ Do you lose your balance due to dizziness or do you become consciousness?
- _____ Do you have a bone, joint or any other health problem that causes you pain or limitation's 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.*)

- _____ Have you had a recent surgery?
- _____ Do you take any medications, either prescription or non-prescription, on a regular basis? What is the medication for? _____

- _____ Do you understand that The Move Project, its affiliates, contractors or employee's are not liable for any complications that may arise from your decision to begin an exercise regimen at this facility?



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Lifestyle Related Questions:

1. Do you smoke? YES NO If yes, how many 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. Does your job require travel? YES NO
6. On a scale of 1-10, how would you rate your stress level?
(1=very low, 10=very high)? _____
7. List your 3 biggest sources of stress: _____
8. What surgeries have you had?

Fitness History

1. Fitness Goals:
 - a. Performance: _____
 - b. Aesthetic: _____
2. How often do you take part in physical exercise?
 - a. 5-7x/week 3-4x/week 1-2x/week
3. If your participation is lower than you would like it to be, what are the reasons?
 - a. Lack of Interest Illness/Injury Lack of Time Other _____
4. Aerobic/Cardio: Days/Wk _____ Duration _____ Easy/Mod/Hard
5. Strength Training: Days/Wk _____ Duration _____ Easy/Mod/Hard
6. Stretching: Days/Wk _____ Duration _____ Easy/Mod/Hard
7. Have you ever been injured while exercising or working out? YES NO
8. If so, please explain: _____

9. Please circle all physical activities that you are involved in: _____



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Nutrition Related Questions

1. On a scale of 1-10, how would you rate your Nutrition?
1 = very poor 10 = very good)? _____
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? Often Sometimes Rarely Never
6. What activities do you engage in while eating? (TV, reading, work, etc)

7. How many ounces of water do you consume daily? _____
8. Do you feel a decline in your energy levels throughout the day? YES NO
If yes, when? _____
9. Do you know how many calories you eat per day? YES NO
If yes, how many? _____
10. Are you currently or have you ever taken any supplements? Y N
If yes, please list the supple _____
11. At work or school, do you usually: Eat out Bring food
12. How many meals per week do you eat out? _____
13. Do you do your own grocery shopping? YES NO
14. Do you do your own cooking? YES NO
15. Besides hunger, what other reason(s) do you eat?
 Boredom Social Stressed Tired Depressed Happy Nervous
16. Do you eat past the point of fullness? Often Sometimes Rarely Never
17. Do you eat foods high in fat and sugar? Often Sometimes Rarely Never
18. List 3 areas of your Nutrition you would like to improve: _____



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Release & Waiver of Liability

The Move Project' goal is to promote better health through Muscle Activation Techniques (MAT), exercise and movement programs, with each program being tailored to the individual client. Please carefully read the sections below

I, the undersigned, acknowledge the inherent risks involved when participating in any exercise program and/or using any type of fitness equipment and that such participation involves strenuous physical exertion and will require sound judgment at all times during my participation.

I understand that by participating in the Programs, I am at risk to suffer serious injury and possibly death. I understand and agree that I, alone, am responsible to determine my physical and mental fitness and my suitability to participate. I acknowledge that The Move Project will not attempt to determine, nor will I hold The Move Project nor its respective agents, affiliates, associates, officers, directors, owners or employees liable to determine, my physical and mental fitness, suitability to participate either before I begin participation or at any time during my participation in the Programs.

In consideration for the work performed by The Move Project in preparing and conducting the Programs from which I receive value and benefit, I assume all risks of injury or death related to participation. I further release The Move Project and all its respective agents, affiliates, associates, officers, directors, owners and employees and I waive any claim that I might make against The Move Project and all its respective agents, affiliates, associates, officers, directors, owners and employees, for any physical injury or death arising out of or relating to my participation in the Programs.

I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to me as The Move Project may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency.

I understand and agree that the effect of signing this Release and Waiver of Liability is to give up all of my legal rights to file any lawsuit or to recover any money damages against the Companies and all its respective agents, affiliates, associates, officers, directors, owners and employees for any claim relating to my participation in the Programs including any claim for negligence by **the Companies** or any of its respective agents, affiliates, associates, officers, directors, owners or employees.

Because my participation in the Programs is voluntary, I have agreed to sign this Release and Waiver of Liability. I have been given the opportunity to read carefully all of the terms of this Release and Waiver of Liability and I understand fully the legal consequences of signing it. I understand that I will not be allowed to participate in the Programs unless I sign this Release and Waiver of Liability. I agree to this because I choose to participate in the Programs at my own risk. I understand that I have no legal right to seek recovery of damages or otherwise to may any claim against The Move Project or any of its respective agents, affiliates, associates, officers, directors, owners and employees for any harm or injury, including death, that I may suffer as a result of my participation in the Programs.

Client Signature: _____ Date: ___/___/___

Client Name (Print): _____



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Fitness Services Agreement

The Move Project's Professional Trainers and M.A.T. Specialist's, are career professionals dedicated to providing our members and clients with the highest quality services available. Services will be delivered as scheduled and mutually agreed upon by the certified trainer / specialist and the client. All services will be provided by a contracted, certified professional who are approved by The Move Project and the client.

Payment of Session

The client agrees to pay The Move Project by check or cash at the time services are rendered. The CLIENT may also leave a credit card on file to be automatically billed on approximately the 15th and the last day of the of the month during which period services are rendered.

24-Hour Cancellation Policy

The Move Project requires a **24-hour notice of cancellation** for all appointments scheduled with any fitness services professional. The cancellation policy states that all scheduled sessions, missed for any reason, will be billed at full cost to client unless a proper cancellation has been made at least 24 hours prior to the scheduled session. Cancellations must be communicated directly to each service provider by email or voicemail. No refunds or credits will be given on any session prepaid by the client or automatically billed to the client for late cancellations unless deemed appropriate by The Move Project for extenuating circumstances. By signing below, the client agrees to the policies, procedures, and conditions stated above.

Credit Card Information

In lieu of rendering payment at the time of service, CLIENT may choose to leave a credit card on file for regular bi-monthly billing of all fitness services rendered during that time period. Please complete the credit card information below. This hereby authorizes The Move Project to debit the following card for the bi-monthly

Name on Card: _____ Type of Card: _____

Card Number: _____ Expiration Date: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: ___ / ___ / ___

