



Personal Training and Post Rehabilitation Training Contract

This contract is for weekly 60 minute personal training sessions focusing on total body strength development through functional strength, core and cardiovascular development.

Mission Statement:

Our goal is to provide each client with the most professional, motivating, and rewarding one-on-one personal training experience. At Perfect Balance Conditioning, our company offers an affordable and quality experience for our clients. With our state of the art facility, we provide our clients with the most up to date equipment and technology in order to make your training experience efficient and effective. With our well-trained staff members always on hand, Perfect Balance Conditioning offers a flexible schedule for those interested in seeking training.

Here is just some of what you will receive:

- Fitness assessment
- One-on-One attention
- Clarify your personal goals
- Clean state of the art facility
- Motivation and guidance through-out

Additional Services:

- Physical Therapy by Sara Thatcher of Body Tuning:
 - Hands-on therapy for a specific injury: manual therapy, education, muscle training, taping, home programs.
 - Enhanced evaluations to screen for weak links in your body.
 - On-the-Run evaluations: body mechanics assessment during activities such as running, biking, swimming.
- Chiropractic Adjustment and Active Release Technique (A.R.T.) by Dr. Jill Gibson of The A.R.T of Healing:
 - A chiropractic 'adjustment' is a non-invasive approach to restore skeletal alignment, allowing the body to restore itself to optimal function. Dr. Jill uses precisely applied hand movements to examine and treat your muscles, tendons, nerves, and ligaments.
 - A.R.T (Active Release Technique) is a patented, state of the art soft tissue movement based massage technique. Conditions that can be resolved quickly and permanently include: headaches, back pain, carpal tunnel syndrome, knee pain, shoulder pain, tennis elbow, sciatica and plantar fasciitis.

Program Costs:

- Evaluation: \$75/session
- One-on-One Training: 2-9 sessions \$70/session or 10+ sessions \$60/session
- Private Group Training of 2-4 people: 2-9 sessions \$35-\$40/each 10+ sessions \$30-\$35/each (Cost is determined by how many people are in a group)

Cancellation policy: A 24-hour notice is a must for both parties unless an emergency occurs. *Please call or email Jess: jess@perfectbalanceconditioning.com, 978-744-5001 (office), 603-505-5953 (cell) for any changes or cancellations.*

Signature: _____ Date: _____

Release/Assumption of Risk Agreement

In consideration of gaining access to participate in activities associated with Perfect Balance Conditioning, Inc., I do hereby waive, release, and forever discharge Perfect Balance Conditioning Inc. and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities in said program. _____ (please initial)

I understand the policies and procedures set forth by Perfect Balance Conditioning Inc. and I have had the opportunity to discuss my specific needs in relation to participatory activity; and, as a result, I do voluntarily request the right to participate in this preventive program of exercise. _____ (please initial)

Also, in consideration of the above factors, I acknowledge the existence of risks in connection with these activities, assume such risks, and agree to accept the responsibilities for any injuries sustained by my participation in the course via the use of the facilities and/or its equipment. Most specifically, I acknowledge and accept responsibility for injuries arising out of those activities that involve risk in any of the following areas:

- The use of facility equipment
- The performance of fitness-related evaluations to assess functional capacity
- The participation in group activities related to exercise and activity
- Incidents that occur within the institution facility, locker rooms, dressing rooms, showers, and other areas associated with the Perfect Balance Conditioning Inc.

In addition, it was seriously recommended that I consult with a physician before engaging in any activities associated with Perfect Balance Conditioning Inc.

Having read the preceding, I acknowledge full understanding of those risks set forth herein and knowingly agree to accept full responsibility for my own exposures to such risks and to waive full responsibility and liability on behalf of Perfect Balance Conditioning Inc.

Participant's name (please print clearly)

Date

Participant's signature

Date

Perfect Balance Conditioning Inc. Medical Questionnaire

Name: _____

Age: _____

Occupation: _____

Prescription Medication: _____

Non-Prescription Medication: _____

Previous Surgery: _____

Allergies _____

Do you smoke? Yes / No

Explain your diet/nutritional habits: _____

| Have you ever had any of the following problems: | Yes | No |
|--|-----|----|
| Angina / chest tightness with exertion | | |
| Heart attack | | |
| Heart murmur | | |
| Palpitations / irregular heart beat | | |
| High blood pressure | | |
| High cholesterol | | |
| Thrombosis / blood clot | | |
| Stroke | | |
| Dizziness, light headed or passed out during or after exercise | | |
| Undue fatigue | | |
| Bronchitis / Asthma / Wheezing | | |
| Joint problems limiting activity / exercise | | |
| Family death before age 60 | | |
| Braced for Injury | | |

If you have answered yes to any of the questions above please write a more detailed explanation:

Perfect Balance Conditioning Inc. Contact & Training Questionnaire

Name:

Home Address, City & State:

Cell Phone Number:

Email:

Weight:

How much do you think you should weigh:

Height:

How would you rate your flexibility (1-10, 1=inflexible, 5=average, 10= flexible):

Goals

Personal Goals for this program:

Short Term (3 Months):

Long Term (1 Year):

Past History

Athletic background? (*If no sports, list workout history*)

Type of Exercise: (Ex. Cycling, Football, Running, Weight Lifting ect.):

Number of Months/Years training:

Current Training

If you are currently training please indicate your typical week of training. Please provide as much detail as possible about the types of training as well as the length of time. (If you have these as word files or linked online please attach or send link):