



**PURE INTEGRATED TRAINING
NEW CLIENT FORM**

**ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND
INDEMNITY AGREEMENT**

DECLARATIONS: This Agreement is entered into between personal trainer _____ (“Trainer”) and the undersigned (“Client”). The provision of personal training services by Trainer to Client, online training services and Client’s use of any premises, facilities or equipment are contingent upon this Agreement. _____

ASSUMPTION OF RISK: You agree that if you engage in any physical exercise or activity, including personal training online or in person, or enter our premises or use any facility or equipment on our premises for any purpose, you do so at your own risk and assume the risk of any and all injury and/or damage you may suffer, whether while engaging in physical exercise or not. This includes injury or damage sustained while and/or resulting from using any premises or facility, or using any equipment, whether provided to you by Trainer or otherwise, including injuries or damages arising out of the negligence of Trainer, whether active or passive, or any of Trainer’s affiliates, employees, agents, representatives, successors, and assigns. Your assumption of risk includes, but is not limited to, your use of any exercise equipment (mechanical or otherwise), sports fields, or other areas, locker rooms, sidewalks, parking lots, stairs, lobby or other general areas of any facilities, or any equipment. You assume the risk of your participation in any activity, class, program, instruction, or event, including but not limited to weightlifting, walking, jogging, running, aerobic activities, aquatic activities, tennis, basketball, volleyball, racquetball, or any other sporting or recreational endeavor. You agree that you are voluntarily participating in the aforementioned activities and assume all risk of injury, illness, damage, or loss to you or your property that might result, including, without limitation, any loss or theft of any personal property, whether arising out of the negligence of Trainer or otherwise.

RELEASE: You agree on behalf of yourself (and all your personal representatives, heirs, executors, administrators, agents, and assigns) to release and discharge Trainer (and Trainer’s affiliates, related entities, employees, agents, representatives, successors, and assigns) from any and all claims or causes of action (known or unknown) arising out of the negligence of Trainer, whether active or passive, or any of Trainer’s affiliates, employees, agents, representatives, successors, and assigns. This waiver and release of liability includes, without limitation, injuries which may occur as a result of (a) your use of any exercise equipment or facilities which may malfunction or break, (b) improper maintenance of any exercise equipment, premises or facilities, (c) negligent instruction or supervision, including personal training and online personal training, (d) negligent hiring or retention of employees, and/or (e) slipping or tripping and falling while on any portion of a premises or while traveling to or from personal training, including injuries resulting from Trainer’s or anyone else’s negligent inspection or maintenance of the facility or premises.



**PURE INTEGRATED TRAINING
NEW CLIENT FORM**

INDEMNIFICATION: By execution of this agreement, you hereby agree to indemnify and hold harmless Trainer from any loss, liability, damage, or cost Trainer may incur due to the provision of personal training by Trainer to you.

ACKNOWLEDGMENTS: You expressly agree that the foregoing release, waiver, assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by the law in the province of British Columbia and that if any portion thereof is held invalid, it is agreed that the balance shall, not with standing, continue in full legal force and effect. You acknowledge that Trainer offers a service to his/her clients encompassing the entire recreational and/or fitness spectrum. Trainer is not in the business of selling weightlifting equipment, exercise equipment, or other such products to the public, and the use of such items is incidental to the service provided by Trainer. You acknowledge and agree that Trainer does not place such items into the stream of commerce. *This release is not intended as an attempted release of claims of gross negligence or intentional acts.*

You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability, express assumption of risk and indemnity agreement. You are aware and agree that by executing this waiver and release, you are giving up your right to bring a legal action or assert a claim against trainer for trainer's negligence, or for any defective product used while receiving personal training from trainer. You have read and voluntarily signed the waiver and release and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Date: _____

Print Name: _____

Sign Name: _____



**PURE INTEGRATED TRAINING
NEW CLIENT FORM**

NAME: _____

DATE OF BIRTH: _____ HOME PHONE: _____ CELL: _____

ADDRESS: _____ EMAIL: _____

REFERRED BY: _____ FAMILY DOCTOR: _____

EMERGENCY CONTACT INFORMATION: _____

I would like to receive Pure Integrated Trainings Online Newsletter to receive the latest news and deals. Yes _____ No _____

BODY COMPOSITION

**For in person consultations leave for trainer to fill out.*

Chest: _____ Waist: _____ Hips: _____ Thigh: _____

Calf: _____ Biceps: _____ Forearm: _____ Wrist: _____

GOALS:

Given the following goals, please rank them in order of importance with 1 being the most important.

Improved Health: _____ Improved endurance: _____ Increased strength: _____

Sport Specific*: _____ Increased muscle mass: _____ Fat Loss: _____ Medical Exercise _____

Increased Power: _____ Weight gain: _____ Weight loss: _____ Post Rehabilitation _____

*Please provide the sport: _____

Do you have a timeline for achieving a specific goal? If so, please specify:



**PURE INTEGRATED TRAINING
NEW CLIENT FORM**

EXERCISE INFORMATION

How many days per week are you currently exercising? _____

IF THE ANSWER IS NO

If you are not currently exercising regularly, have you ever been on a consistent exercise plan and exercised at least 3x per week?

Yes No

If you have exercised regularly in the past, how long ago was this and how long did it last?

IF THE ANSWER IS YES

How long have you been consistently exercising without a break? _____

What type of exercise do you engage in:

Resistance Training: _____ Jogging or running: _____ Hiking: _____ Sports: _____

How many days per week do you engage in each form of exercise:

Resistance Training: _____ Jogging or running: _____ Hiking: _____ Sports: _____

MEDICAL INFORMATION

Do you have any current health problems or injuries, and if so please list the conditions:

Are you currently on any medication? _____ if so please list below:

Have you previously had any serious injuries, surgeries or medical conditions? _____ If so please list below



**PURE INTEGRATED TRAINING
NEW CLIENT FORM**

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Has a Doctor ever diagnosed you with a heart condition? _____

Has a Doctor ever Diagnosed you with high blood pressure? _____

Do you know of any reason why you should not be exercising? _____

Have you had chest pains with or without exercising in the past month? _____

Do you ever lose your balance or experience dizziness when exercising? _____

Do you know of any other reason why you should not engage in physical activity? _____

If you answered yes to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered yes to. After medical evaluation seek advice from you physician on what type of activity is suitable for your current condition.

LIFESTYLE INFORMATION

What do you do for a living? _____

What is the activity level at your job?

High (heavy labour, very active) _____

Moderate (light activity such as walking) _____

None (seated work only) _____

Do you work days, afternoons or nights? _____

Do you commute to work and if so how long is the commute? _____

How long do you sleep each night? _____

Do you wake feeling rested? _____

How would you rate your energy level throughout the day?

High: _____ Average: _____ Low: _____

What is your worst nutrition habit (*if interested in weight loss*)?

How often do you indulge in the habit above? _____