



Personal Fitness. Evolved.

Welcome to Peak Performance.

*Congratulations on your decision to pursue a more
active & healthier lifestyle.*

**Please complete pages 1 - 4*

CLIENT INFORMATION

B: MEDICAL HISTORY

Past or Present, do any of the following conditions relate to you?

High blood pressure	Low blood pressure	Angina Pectoris	Myocardial Infarction	
Heart murmur	Cardiac Arrhythmia	Tachycardia	Rheumatic Fever	
Arteriosclerosis	Stroke	Cholesterol	Varicose Veins	
Asthma	Emphysema	Rheumatoid Arthritis	Tendonitis/Bursitis	
Osteoarthritis	Osteoporosis	Whiplash	Fibromyalgia	
Epilepsy	Sciatica	Insomnia	Impingement Syndrome	Herniated Disc
Diabetes	Hyperthyroidism	Hypothyroidism	Hernia	Anemia
Allergies	Chronic Fatigue	Tumor/Cyst	Auto Immune Dis.	Ulcers
Other	_____			

1. Have you ever been treated by Chiropractor Acupuncturist Massage Therapist
Who? _____ Why? _____
Who? _____ Why? _____
2. Are you accustomed to vigorous exercise? YES NO
3. Do you experience the following symptoms prior to, during, or after physical activity?
Muscle Cramps Dizziness Neck or back pain Swelling of joints
Grinding joints Shortness of breath Chest pain Coughing/nausea
Headaches/Migraines Irregular bowel movement
4. Can the above pain or discomfort be described as a: Dull Ache Sharp Stab Numbness or Tingling
Other: _____
5. Is there any other physical reason (not mentioned) why you should not follow an exercise program?

C: Results You Wish to Achieve

What areas do you wish to improve on?

Weight Loss	Muscle Toning	Lean Muscle
Aerobic/Anaerobic	Flexibility	Improved Energy
Nutritional	Stress Management	Knowledge/Education
Athletic Enhancement	Specific Athletic Event	_____

Peak Performance Client Agreement

1. Payment Agreement: Clients must prepay for all training sessions and packages. 3-month payment plans are available upon request. First payment due at time of sign-up to reserve future appointments. Payment Plans must be made via a credit card.

2. Length of Sessions and Appointment Times: Each training session is based on a 45-minute workout, but are generally scheduled for one hour. To get the most out of your sessions, please arrive 5 minutes prior to your scheduled start time and be ready to exercise at the appointed time. If you are late for a scheduled session, we may not be able to extend the session end time.

3. Cancellation Policy: Due to the private nature of our studio, all sessions are arranged on a "by appointment only" scheduling basis. Therefore, all clients are asked to give a 24-hour notice when canceling an appointment. This means a cancellation should be made at least 24 hours before the scheduled appointment by calling the studio directly at 866.305.8575. Canceled sessions within the 24 hour period will be billed at the normal rate of a single session and deducted from my account. Cancelled appointments rescheduled / made-up within the same week will not be charged.

4. Expiration of Sessions: All training sessions expire 12 months from start date. Sessions are non-transferable.

5. Release of results upon program completion: Client photos and testimonials are requested upon initial program completion (12weeks). We may use these results and testimonials in marketing/advertising campaigns.

6. Use of Nutritional Supplements: To guarantee safety, we request that all clients do not use any potentially dangerous stimulants like "diet" or "fat burning" pills of any kind. To ensure optimal results, we offer natural organic based Shaklee supplements to all clients which may purchased for a 15% discount with our Auto-Ship direct delivery program.

I have read this agreement and accept these policies.

Client Signature _____

Date: _____

Liability Waiver Agreement

In consideration of the use of the property, facilities and/or services of Peak Performance Training, LLC, the undersigned agrees as follows:

1. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by **Peak Performance Training, LLC** involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency or emergency medical care. **RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH.**
2. **ASSUMPTION OF RISK:** the undersigned **ASSUMES ALL RISKS THAT ARISE OUF OF THE USE OF THE EQUIPMENT OR FACILITIES, THE ACTIVITY ITSELF, THE ACT OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE,** including but not limited to, those **RISK FACTORS** described in section 1 above.
3. **ACKNOWLEDGE OF POLICIES AND PROCEDRUES:** The undersigned acknowledges reading and knowing all of the policies and procedures relating to the activities, facilities, and/or equipment and understands that the safe and proper use of the facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures.
4. **PREREQUISITE SKILLS AND TRAINING:** The undersigned acknowledges that he or she has the requisite skills, qualifications, physical abilities, and training necessary for proper and safe use of the equipment and facilities and to participate in the activity itself. The undersigned agrees that if he or she has any questions as to what skills, qualifications, or training is necessary to properly use the equipment, facility, or to participate in the activity itself, then they shall direct such questions to the appropriate staff member on site.
5. **RELEASE:** The undersigned **RELEASES the Peak Performance Training, LLC,** the officers, employees and agents of each and agrees **NOT TO SUE** them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those bases on death, bodily injury or property damage whether or not causes by the acts, omissions or other fault of the parties being released.
6. **WAIVER:** The undersigned waives the protection afforded by any statute or law in any jurisdiction whose purpose, substance, and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know of or suspect at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.
7. **INDEMNIFY AND DEFEND:** The undersigned agrees to **INDEMNIFY AND DEFEND Peak Performance Training, LLC,** the officers, employees and agents(hereinafter jointly referred to as “indemnity”) of each against, and hold them harmless from any or all claims, causes of action, damage judgment, costs or expenses, including attorney fees which in any way arise form the activity or this agreement which includes but are not limited to damages to or destruction of any property of the indemnity, of any others, injury or death of the undersigned or anyone else or any liability arising from the act or negligent at of indemnity, the undersigned or anyone else.
8. **PAY:** The undersigned agrees to pay for nay or all damages to any property or indemnity caused by the undersigned; negligently, willfully, or otherwise.
9. **REPRESENTATIVES:** The undersigned enters into this agreement for himself/herself, his/her heirs, assigns and legal representatives.
10. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.
11. **INSURANCE:** The undersigned understands that **Peak Performance Training, LLC** and its auxiliaries do not carry participant insurance. The undersigned is encouraged to have a physical examination and to purchase health insurance prior to any and all participation.
12. **ACKNOWLEDGEMENT:** The undersigned has read and understands this agreement and realizes it relates to surrendering valuable legal rights and does so freely and voluntarily.

By completing this form, I thereby understand and agree to all terms above.

Client Name (Print)

Client Signature

Date

DIAGNOSTIC ASSESSMENT

Date: _____

Results: Start _____ 3 (months) _____ 6 _____ 12 _____ 24 _____ 36 _____

Height	_____	_____	_____	_____	_____	_____
Age	_____	_____	_____	_____	_____	_____
Weight	_____ lbs	_____	_____	_____	_____	_____
Body Fat	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Water %	_____	_____	_____	_____	_____	_____
Muscle Mass	_____	_____	_____	_____	_____	_____
Phys. Rate	_____	_____	_____	_____	_____	_____
BMR	_____	_____	_____	_____	_____	_____
Met. Age	_____	_____	_____	_____	_____	_____
Bone Mass	_____	_____	_____	_____	_____	_____
Visceral Fat	_____	_____	_____	_____	_____	_____

Heart Rate Zones

Resting HR (RHR) = _____

Max HR (MHR) = _____

HR Zones:

60 - 70% _____

70 - 80% _____

80 - 90% _____

Body Circumference Measurements

Right Side

Neck	_____	_____	_____	_____	_____	_____
Chest	_____	_____	_____	_____	_____	_____
Arm	_____	_____	_____	_____	_____	_____
Waist	_____	_____	_____	_____	_____	_____
Hips	_____	_____	_____	_____	_____	_____
Leg	_____	_____	_____	_____	_____	_____
Calf	_____	_____	_____	_____	_____	_____

Functional Movement Analysis

Over Head Squat Assessment

**see attached Assessment Form*

General Postural Analysis

Comments: (Tight, Weak, etc...)