



I, \_\_\_\_\_ (Name) give consent to participate in the physical fitness program conducted by Albert/ Stefanie Sykes and Makarios Studios.

### Benefits

Participation in a regular physical fitness/exercise program has been shown to produce positive physical, emotional and mental changes in the individual participant. These changes include but are not limited to increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power and endurance.

### Risks

I recognized that exercise carries some risk to the body. I hereby certify that I know of no medical problems or conditions except those listed below, that would increase my risk of illness and injury as a result of participation in a regular exercise program.

### Testing/Evaluation Results

I understand that I will undergo initial testing/screening to determine my current physical fitness status. The testing will consist of completing a health inventory questionnaire, Functional Movement Screening, and testing for cardiovascular and muscular fitness, and body composition.

I further understand that such screening is intended to provide Makarios Studios with essential information used to develop the appropriate individualized fitness program. I also understand that these results will be made available to me upon request, this testing is not intended to replace any medical test, or services of my physician. By signing this consent form, I understand that I am personally responsible for my actions during my exercise program and training with Makarios Studio, and waive the responsibility if I should incur any injury as a result of my negligence or unsupervised activity.

### Medical conditions:

\_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### Personal Health Inventory Survey

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Medical History

Heart condition Y N	Heart Attack Y N	Thyroid Y N
Hypertension Y N	Stroke Y N	Cancer Y N
Diabetes Type I or II Y N	Dizziness Y N	Knee Problems Y N
Orthopedic Problems Y N	Lung Disease Y N	Hip Problems Y N
Hypoglycemia Y N	Vertigo Y N	Shoulder Problems Y N
Fainting Y N	Autoimmune Disease Y N	Back Problems Y N
Surgeries:	Conditions:	Medications:



### Habits

How many days a week do you exercise? 1 2 3 4 5 6 7

How many times a day do you eat? 1 2 3 4 5 6 7 8 9

Do you smoke? Y N

Do you drink? Y N

Caffeine intake? Y N

Dietary restrictions or allergies? \_\_\_\_\_

How much sleep do you get on average? \_\_\_\_\_ Hrs \_\_\_\_\_ Naps \_\_\_\_\_

Do you take Supplements? Y N Which ones? \_\_\_\_\_

Habits you would like to change? \_\_\_\_\_

### Family History (circle)

HEART DISEASE

DIABETES

CANCER

CONGENITAL HEART DISEASE

HIGH BLOOD PRESSURE

EPILEPSY

HIGH CHOLESTEROL

### Makarios Personal Training Contract/Agreement

Congratulations!! You have made a commitment to change your lifestyle through fitness with Makarios! We are honored that you would partner with us and are excited about helping you accomplish your goals. With personal and group training you will greatly ensure your success in achieving these goals.

In order to maximize progress, it will be necessary for you to follow program guidelines during supervised and (if applicable) unsupervised training days. Remember, exercise and healthy eating are EQUALLY important!

During your exercise program, every effort will be made to assure your safety. However, as with any exercise program, there are risks, including increased heart stress and the chance of musculoskeletal injuries. In volunteering for this program, you agree to assume responsibility for your own health and well-being AND you acknowledge an understanding that no responsibility is assumed by the leaders of the program.

It is recommended that all program participants work with their personal trainer three (3) times per week. However, due to scheduling conflicts and financial considerations, a combination of supervised and unsupervised workouts is possible.

### Personal Training Contact/Agreement

1. Personal training sessions that are not rescheduled or canceled 24 hours in advance will result in forfeiture of the session and a loss of the financial investment at the rate of one session.
2. Clients arriving late will receive the remaining scheduled session time, unless other arrangements have been previously made with the trainer.
3. The expiration policy requires completion of all personal training sessions within 120 days from the date of contract. Personal training sessions are void after this time period.
4. No personal training refunds will be issued for any reason, including but not limited to relocation, illness, and unused sessions.

Description of program:

Total Investment: \_\_\_\_\_

Method of payment: \_\_\_\_\_



**WE WISH YOU THE BEST OF LUCK ON YOUR NEW PERSONAL TRAINING PROGRAM!**

\_\_\_\_\_  
Participant's name (please print clearly)

\_\_\_\_\_  
Participant's signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/guardian's signature (if needed)

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness' signature

Date: \_\_\_\_\_