



## Physical Activity Readiness Questionnaire (Par-Q)

### Contact Information: (Please Print)

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date: (MM/DD/YYYY)		Age
<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/>
Grade		Gender
<input type="text"/>		M F
Home Phone	Work Phone	Mobile Phone
( ) -	( ) -	( ) -
Primary Email: (Client or Legal Guardian)		Secondary Email: (Emergency Contact)
<input type="text"/>		<input type="text"/>
Emergency Contact Name	Relationship	Phone
<input type="text"/>	<input type="text"/>	( ) -

### Past Health History:

- |  |     |    |
|--|-----|----|
| 1. Has your doctor ever informed you that you have heart trouble?  | Yes | No |
| 2. To the best of your knowledge, do you currently have high blood pressure?   | Yes | No |
| 3. Have you undergone surgery (minor or major) within the past two (2) years?  | Yes | No |
| 4. Do you currently have a bone or joint problem that may become aggravated with strenuous exercise?   | Yes | No |
| 5. Do you have diabetes? If so, what type:   | Yes | No |
| 6. Do you have any concerns about participating in a strenuous fitness program such as dizziness, fainting, chest pains, pregnancy, low back pain, smoking, current medications, etc.?<br>If so, please explain: | Yes | No |
| 7. Are you currently taking medication? If so, please list:  | Yes | No |
| 8. Is there anything, not mentioned above, that we should be aware of in order for us to appropriately design a safe and productive fitness program for you? If yes, please explain:                             | Yes | No |

As a client of SMARTER Team Training, LLC (STT), I intend to engage in strenuous physical activities. I acknowledge that these activities involve certain risks. I voluntarily assume full responsibility for any loss or damage of property owned by me, or personal injury including death.

Initial Here:

I hereby grant permission to STT to videotape, photograph, and/or interview me for use in video productions, promotions, and distribution of videotapes, podcasts, articles, books, and/or DVD's. It is my understanding that this video footage(s), photograph(s), interview(s), or portions thereof may be used for productions, promotions, and distribution of videotapes, podcasts, articles, books, and/or DVD's.

Initial Here:

In consideration of being accepted as a client of STT, I hereby release and forever discharge STT, its management, partners, agents, contractors, and employees (whether acting within the scope of their employment or not) from any claims, demands, or causes of action relating to or arising from my presence or participation in an STT program, which may result in injury to me or even death. I intend this release to bind my heirs, executors, assigns, administrators, personal representatives, and myself.

Client Name (Please Print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

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

Parent/ Guardian Name (Please Print): \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

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

## STT Client Contract

I agree to the following terms, conditions, and policies regarding the payment policies and attendance of each party involved while I am a client of **SMARTER Team Training, LLC (STT)**. This includes every session scheduled between STT and myself.

- **Client is required to PRE PAY for all scheduled training sessions.**
- A 24 hour notice of cancellation is required if a client is unable to attend a scheduled training session (emergencies will be handled individually).
- If the client, without this prior notice, misses a scheduled appointment STT will be compensated for the full amount of the training session.
- If a STT trainer, without this prior notice, misses a scheduled appointment, then a free session will be issued to the client.
- Payments can be made through PayPal (coachtaylor@smarterteamtraining.com) or with check (payable to "SMARTER Team Training") and a receipt can be issued upon request.
- **All pre-paid training sessions (both individual and group) are non-refundable with the exception of medical or health complications.**

Initial Here:

**Also note there is a \$25.00 fee for all returned checks.**

*If there are any questions or concerns regarding the terms, conditions, and policies implemented by SMARTER Team Training, LLC, please discuss them with Robert Taylor.*

I fully understand and agree to the terms listed above.

**Client Name (Please Print):** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

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

**Parent/ Guardian Name (Please Print):** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_

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

