

With any new client we have a several initial questions. The answers to these questions help us understand a little more about you and determine if we can be of assistance.

## General Questions

1. What is your name, age, height, weight, gender, and time zone?
2. What is your occupation? We ask this question so we can better understand how work might impact your health and fitness choices.
3. Do you have any medical conditions, such as heart problems, joint issues, etc.? If so, what?
4. Do you take medication or supplements? If so, what?
5. Do you know of any reason you should not begin a training/exercise or nutrition program?
6. What is your current fitness level, in your own words?
7. What is your current nutrition plan, in your own words?
8. What exercise experience do you have? Add a brief description. If you have a specific program, please include the name of it and/or description.
9. If applicable, what are the days as well as times you would like to train (so we can review our availability)?
10. What is/are your goal(s)?

11. Do you understand you may need to make significant changes to your current level of activity and nutrition to achieve your goals? Yes or no.
12. Do you understand that it may take months, maybe even a year or longer, to meet your goal(s), depending on the exact goal(s) you have? Yes or no.

### Exercise Related Questions:

1. How often do you take part in physical exercise?

☐ 1-2 x week ☐ 3-4 x week ☐ 5-7 x week

2. If your participation is lower than you would like it to be, what are the reasons?

☐ Lack of interest ☐ Illness/Injury ☐ Lack of Time ☐ Other

3. Are you currently inactive and, if so, how long have you been consistently physically inactive for?

4. What activities are you presently involved in? Do you have a specific exercise plan? Yes or no. If so, please list it under question six in the general questions section (above).

☐ Cardio/Sports                      Frequency/Week                      Average Length                      Easy/Mod/Hard

☐ Strength Training                      Frequency/Week                      Average Length                      Easy/Mod/Hard

☐ Stretching                      Frequency/Week                      Average Length

### How can we help you?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Develop Muscle Tone                               | <input type="checkbox"/> Lose Body Fat       | <input type="checkbox"/> Design a more advanced program |
| <input type="checkbox"/> Rehabilitate an injury                            | <input type="checkbox"/> Nutrition Education | <input type="checkbox"/> Start an exercise program      |
| <input type="checkbox"/> Increase Muscle Size                              | <input type="checkbox"/> Motivation          | <input type="checkbox"/> Tactical training              |
| <input type="checkbox"/> Sports specific or performance enhancing training |  | <input type="checkbox"/> Strength building              |
| <input type="checkbox"/> Reduce the effects of aging                       | <input type="checkbox"/> Flexibility         | <input type="checkbox"/> Endurance                      |

1. Please list in order of priority, the fitness goals you would like to achieve in the next 3-12 months:
  
2. How will you feel once you achieve these goals? Be specific:
  
3. Where do you rate health in your life? ☐ Low priority    ☐ Moderate Priority    ☐ High Priority
4. How committed are you to achieving your fitness goals? ☐ Very    ☐ Semi    ☐ Not very
5. What do you think is the most important thing we can do to help you achieve your fitness goals and lifestyle?
6. Describe any obstacles or potential actions, behaviors or activities that could impede your progress towards accomplishing your goals?
  
7. How can we help you overcome these obstacles?
  
8. Please check how you prefer to train?  
  
☐ Inside    ☐ Outside    ☐ Combination    ☐ Large Groups    ☐ Small Groups  
  
☐ Alone    ☐ Combination    ☐ Morning    ☐ Afternoon    ☐ Evening
9. Realistically, how often a week would you like to train? \_\_\_\_\_
10. Where will you work out? Home   Gym   Other   If working out at home or other, please include the equipment you have access to. If you need more room, a blank sheet is provided at the end of this section.
  
11. How much time will you have for each workout (e.g. 60 minutes, 45 minutes)? An estimate is fine.

12. What are the best days of the week for you to commit to your training program?

☐ M   ☐ T   ☐ W   ☐ TH   ☐ F   ☐ S   ☐ S

If you have additional information to add, please do so here:

## WAIVER & RELEASE OF LIABILITY

### Waiver, Informed Consent, and Covenant Not to Sue

I, \_\_\_\_\_, have volunteered to receive a training program from Nathan DeMetz Personal Training which will include, but may not be limited to, cardio, mobility (stretching), weight and/or resistance training. In consideration of the Nathan DeMetz Personal Training agreement to provide said program, I do here and forever release and discharge and hereby hold harmless Nathan DeMetz Personal Training, and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from. **THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF MY IMPLEMENTATION OF THE PROGRAM AND NEGLIGENT INSTRUCTION OR SUPERVISION.**

### Assumption of Risk

I, \_\_\_\_\_, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and, in rare instances, death.

I understand that as a result of my participation, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I recognize that an examination by my physician must be obtained prior to involvement in this exercise program. I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

**I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST NATHAN DEMETZ PERSONAL TRAINING OR OTHERS REFERRED TO IN THIS DOCUMENT FOR ANY NEGLIGENCE OR THAT OF OUR EMPLOYEES, AGENTS, OR CONTRACTORS.**

\_\_\_\_\_  
Participant's signature (parent/guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

One's nutrition habits are influenced by many different things. Please complete the following questionnaire to the best of your ability to give us an overall view of your general approach to eating.

## New Client Nutrition Assessment Form

Full name

Age

Gender

Height

Weight

Marital status

Are you pregnant

Please list your daily schedule, including when you wake, when you go to work, when you leave work, when you work out, when you eat meals, and any other relevant activities. If these change day to day, list the different days. We need to know this to customize the plan to your schedule.

With whom do you live? (Include children, parents, relatives, and/or friends. Please include ages.)

Example: Sarah, age 7, sister

Do you have any outstanding medical issues of which we should be aware? (For example, diabetes, high blood pressure, chronic pain, Alzheimer's, joint problems, irritable bowel syndrome, GERDS, etc.) Please list any issues as well as severity and current treatment plan, including plans under medical supervision or self-controlled plans.

## GOALS AND READINESS ASSESSMENT

I would like to start focusing on nutrition today because...

My food and nutrition-related goals are...

My overall, health goals are...

If I could change three things about my nutritional habits, they would be...

The biggest challenge(s) to reaching my nutrition goals is/are:

In the past, I have tried the following techniques, diets, behaviors, etc. to reach my nutrition goals...

On a scale of 1 (not willing) to 5 (very willing), please indicate your readiness/willingness to do the following:

To improve your health, how ready/willing are you to...	1	2	3	4	5
Significantly modify your diet					
Take nutritional supplements each day					
Keep a record of everything you eat each day					
Modify your lifestyle (ex: work demands, sleep habits, physical activity)					
Practice relaxation techniques					
Engage in regular exercise/physical activity					
Track stats to assess your progress					

**MEDICATION, SUPPLEMENT, AND ANTIBIOTIC INTAKE:** Please provide the names of medications, supplements, and/or antibiotics that you are currently taking:

Medication/Supplement/ Antibiotic	Dose	Units	Frequency	Start Date	Stop Date
Example: One-a-Day (brand) Men's Multivitamin	1200	Mg	Daily	08/12/2007	current

## **DIET HISTORY**

Do you follow any special diet or have diet restrictions or limitations for any reason (health, cultural, religious or other)? If so, please describe

Please list any food allergies, sensitivities or intolerances

Who prepares the majority of your meals?

Who shops for food?

Where do you shop for food?

What percent of the foods you eat are... whole      % organic      % convenience      %

How much time do you spend cooking/preparing meals each day?

Do you find cooking difficult? Please describe

## **INTAKE INFORMATION:**

If you follow a special diet/nutritional program, please list it here (For example, low carb, low sodium, high protein, paleo, etc.):

Which meals do you regularly eat? Please circle.

Breakfast

Lunch

Dinner

Snacks (How many?)

The nutrition/eating habits that are most challenging for me:



The nutrition/eating habits that I am most pleased with:

Beverage Intake: Please indicate the beverages you drink, and how often you drink them. Fill in the “Daily Amount”, “Weekly Amount”, and/or “Monthly Amount”

Beverage Type	Daily Amount	Weekly Amount	Monthly Amount
Example: Water	32 oz	—	—
Water:			
Caffeinated coffee			
Tea:			
Juice/fruit drinks			
Calorie soda (not diet)			
Milk or milk alternative			
Alcohol (any kind)			
Other _____			

Food Intake: Please indicate the frequency that you eat the following:

How often do you eat:	Never	2-3 times/mo.	1 times/week	2-3 times/week	1 times/day	2-3 times/day
Fast food						
Restaurant food						
Vending machine food						
Cafeteria or buffet food						
Frozen meals						
Home-cooked meals						
Leftovers						
Beef (hamburger, steak, etc.)						
Pork (chop, loin, ham, bacon, etc.)						
Liver						
Lamb						
Poultry (chicken, turkey, etc.)						
Deli meat, type:						
Fish, type:						
Soyfoods, type:						
Beans, type:						
Crackers, type:						
Cookies, cakes, muffins						

Whole grains, type:						
Fresh/Raw vegetables						
Cooked vegetables						
Fruit, fresh or frozen						
Canned Vegetables or Fruit						
Margarine						
Dairy (Milk, yogurt, cheese, butter)						
French fries						
Fried meat (chicken, fish)						
Foods with added sweeteners/sugar, type:						
Artificial sweeteners, type:						
Meal Replacements, type:						

Food cravings

Food dislikes

Do you have any specific eating issue not already mentioned, such as emotional eating, trouble with meal planning, overeating/binge eating, eating when bored, eating when upset, etc.?

The food/nutrition questions that I would like to ask are:

If you have additional information to add, please do so here:

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**TRAINING OR OTHERS REFERRED TO IN THIS DOCUMENT FOR ANY NEGLIGENCE OR THAT OF OUR EMPLOYEES, AGENTS, OR CONTRACTORS.**

\_\_\_\_\_  
Participant's signature (parent/guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## Payment Agreement

This agreement denotes the terms for payments associated with personal training, nutrition, and other services provided by Nathan DeMetz Personal Training, which provides these services in online and face-to-face formats. This agreement applies to the services offered through the websites [nathandemetz.com](http://nathandemetz.com), [demetzonlinepersonaltraining.com](http://demetzonlinepersonaltraining.com), and any other sites used for delivery of services, including third-party sites. By signing this agreement, you agree to the current price structure and terms. This includes pricing and terms for any and all services without exception.

Payment for service is due a minimum of one week in advance of the next payment cycle/training cycle and paid electronically via the payment option(s) provided at [nathandemetz.com](http://nathandemetz.com) and [demetzonlinepersonaltraining.com](http://demetzonlinepersonaltraining.com). There are no pay later options although exceptions can be made at the discretion of the trainer. No refunds are issued for payments received although exceptions can be made at the discretion of the trainer. A client must redeem all training sessions, programs, or other services associated with a payment within three months of paying for said sessions, programs, or other services.

If the client prepays, but is unable to redeem the sessions, programs, or other services at present, the client may have the opportunity to redeem at a later date, and is expected to make appropriate arrangements with the trainer should this need arise. Exact future redemption times and terms are determined at the discretion of the trainer, taking into consideration scheduling for both the client and the trainer, making reasonable accommodation for both. There are no exceptions.

Appointments require a minimum of one-week advance scheduling. Cancellation of a scheduled face-to-face or online (Skype, etc.) appointment by the client must be made a minimum of 48 hours in advance. Failure to do so will result in the standard charge for the given appointment duration. Exceptions to this policy are at the discretion of the trainer and will be made on a case-to-case basis.

Payment for online services are charged for online interactions as well as the time spent by the trainer offline, but not face-to-face with the client, during which training programs are created, nutrition programs are created, or other services directly related to the client are rendered. The client is responsible for paying for these services in accordance with the agreed rate.

Any free services provided are at the discretion of the trainer. These may include a free consultation, free lessons, or other free services.

The trainer reserves the right to change the terms of the agreement at any time, with due notice provided to the client.

By signing, the client accepts the terms of this agreement. Sign and date below.

X

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C l i e n t

## Privacy Agreement

I, \_\_\_\_\_ understand that the information collected by Nathan DeMetz Personal Training will be used for fitness evaluation purposes and for the design, implementation, progression, and maintenance of an individualized fitness program only. I further understand that all personal and medical information is confidential and will not be shared with anyone without my prior authorization, except in the case of a medical emergency or to the minimum extent necessary to achieve a safe and effective fitness program.

At times, the trainers or other parties at Nathan DeMetz Personal Training may record training sessions or take photos during workouts which may be used for promotional purposes. You can opt-out by placing your initials here \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_

WITNESS: \_\_\_\_\_

or GUARDIAN (for participants under the age of majority)