



TNT MARTIAL ARTS AND FITNESS LLC  
930 S. Grand Avenue, Glendora, CA 91740  
(626) 335-1400

## Fitness and Boot Camp Training Readiness, Goals, Waiver and Agreement

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

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender \_\_\_\_\_

**(All information provided will be treated as confidential and privileged)**

### **Physical Activity Readiness Questionnaire**

	<b>YES</b>	<b>NO</b>
1. Do you have high cholesterol?	_____	_____
2. Do you smoke?	_____	_____
3. Has your doctor ever said that you have heart trouble?	_____	_____
4. Do you have any respiratory issues? (Asthma etc.)	_____	_____
5. Do you have any bone or joint problems that have been or may be exacerbated by physical activity? (Arthritis etc.)	_____	_____
6. Does your spouse, significant other or family support you in your fitness and health goals?	_____	_____

### **Fitness Goals**

- |  |       |       |
|--|-------|-------|
| 1. Do you ever feel weak, fatigued, or sluggish?               | _____ | _____ |
| 2. How many meals do you eat a day? _____                      |       |       |
| 3. Do you eat breakfast?                                       | _____ | _____ |
| 4. Do you take supplements?                                    | _____ | _____ |
| 5. Do you crave sugary foods?                                  | _____ | _____ |
| 6. Do you drink coffee or energy drinks throughout the day?    | _____ | _____ |
| 7. How long have you been exercising? _____                    |       |       |
| 8. Does your weight fluctuate month to month?                  | _____ | _____ |
| 9. How many days per week do you plan on exercising? _____     |       |       |
| 10. What are your desired fitness goals?                       |       |       |
| Lose Weight/Body fat _____ Improve/Increase Muscle tone _____  |       |       |
| Improve Cardio/Respiratory health _____ Increase Stamina _____ |       |       |
| Other: _____   |       |       |

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**RELEASE FROM LIABILITY AND WAIVER**

I understand that all programs are voluntary and that a Fitness Trainer will develop and guide me through my exercise program. During the program if my physical condition or medical limitations should change, I will notify the Trainer. I understand that it is recommended that I have a yearly physical or more frequent physical examination and consultation with my physician as to physical activity and diet so I am aware of what is appropriate for me. I acknowledge that I have either had a physical exam and have been given my physician's permission to participate or I have decided to participate without approval of my physician. **INITIAL HERE**\_\_\_\_\_

I understand that I have the complete right to stop or decrease exercise at any time during a session and that it is my obligation to inform the Trainer of any symptoms such as fatigue, shortness of breath or chest discomfort  
**INITIAL HERE**\_\_\_\_\_

I realize that participation in the program, including but not limited to exercising, use of exercise equipment and strenuous exertion (strength training), all increase hear/respiratory rate and body temperature. **INITIAL HERE**\_\_\_\_\_

I understand that exercise involves certain risks, including but not limited to, serious neck and spinal injuries resulting in complete or partial paralysis, heart attack, stroke or even death. Also, injuries could occur to bones, joints or muscles. Slips, falls, and unintended loss of balance could result in muscular, neurological, orthopedic or other bodily injury. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill which I conduct myself in that activity or program. **INITIAL HERE**\_\_\_\_\_

Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of possible death, which could occur by reason of my participation. **INITIAL HERE**\_\_\_\_\_.

I do hereby waive, release and forever discharge TNT Martial Arts and Fitness, LLC. from any and all responsibilities or liability for any present and future injuries or damages resulting or arising from my participation in any activities including but not limited to exercise, personal training or use of the equipment including any injuries and damages caused by the negligent act or omission of any of those persons or entities mentioned above. **INITIAL HERE**\_\_\_\_\_.

**Training Agreement**

In consideration of my being able to participate in the any of the TNT Martial Arts and Fitness LLC training programs, I understand that I must purchase a single or package of training session(s) and must read, agree to and sign this agreement where I assume the risks for participation, waive of liability, and personal training policies and procedures.

1. Package sessions are non-refundable.
2. Package sessions must be paid in full and are scheduled at the time of sign-up.
3. Package sessions must be used within six months of the purchase date.
4. Client must give 24 hours advanced notice, less than 24 hours or a no-show will result in a charge to the package session.
5. Training sessions will begin promptly at the time specified by the client and trainer and end one hour from that specified time.

I declare that I have read, understand and agree to the contents of this Personal Training Agreement in its entirety. I understand that the Assumption of Risk, Waiver of Liability, and Personal Training Policies and Procedures are intended to be as broad and inclusive as permitted by the State of California and agree that if any portion is held invalid, the remainder will continue in full force and effect.

\_\_\_\_\_  
**Signature**

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