



1002 Ridge Pike, Suite 101, Conshohocken, PA 19428

Informed Consent for Exercise Testing

Kinetic Chain Assessment Objectives:

I understand that the tests that are about to be administered to me are for the purpose of determining my physical fitness status, including cardiorespiratory, musculoskeletal, and nervous system capacities for whole body activity, body composition (ratio of body fat to muscle, bone, and water), joint flexibility, and movement patterns.

Explanation of Procedures:

I understand that the tests which I may undergo may be performed on a treadmill, bicycle or a step. The tests are designed to increase demands of and evaluate the cardiorespiratory, nervous, and musculoskeletal systems. These tests will continue for a specified period of time or distance or unless symptoms prohibit further exercise. Body composition will be determined through use of skinfold tests or other designated procedures to determine levels of body fat versus fat-free weight. Other tests which may be utilized will be explained thoroughly prior to use of any test not explained here.

Description of Potential Risks:

I understand that the reaction of the cardiorespiratory, nervous, and musculoskeletal system to exercise cannot always be predicted with accuracy. I understand that there is a risk of certain abnormal changes occurring during or following exercise testing. These changes include abnormal heart beats, abnormal blood pressure response, various muscle and joint strains and injuries, and, in rare instances, heart attack, stroke, or even death. Monitoring of the testing process by a FITNESS RxPERTS trainer should provide appropriate precaution against such problems.

Description of Benefits to be Expected:

I understand that the results of these tests will aid in determining my physical fitness status and in determining potential health hazards. These results will facilitate a better individual exercise prescription.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction. I also understand that I am free to deny answering any questions during the evaluation process or to withdraw consent and discontinue participating in any procedures. I have also been informed that the information derived from these tests is confidential and will not be disclosed to anyone other than my physician or others who are involved in my care or exercise prescription without my permission. However, I am in agreement that information from these tests not identifiable to me can be used for research purposes.

Participant's Signature

Date



1002 Ridge Pike, Suite 101, Conshohocken, PA 19428
(877) 797-3787 (877-RxPERTS)

GUARANTEE OF SERVICES

Should FITNESS RxPERTS, LLC not appear for a pre-scheduled, prepaid session without 24 hours notice, participant shall have the option to reschedule the missed session or receive a full refund for that particular session.

FITNESS RxPERTS, LLC, urges all participants to obtain a physical examination prior to beginning any exercise program. Under certain circumstances, FITNESS RxPERTS may require a physician's approval prior to beginning a training program.

RATE SCHEDULE

1 Hour Sessions:

Single session (1 person):	\$150
12 prepaid sessions (@ \$125ea.):	\$1500
24 prepaid sessions (@ \$95ea.):	\$2280
 Partnered session (2 people):	 \$200
12 prepaid sessions (@ \$172 ea):	\$2064
24 prepaid sessions (@ \$145 ea):	\$3480
 Small Group session (3-6 people):	 \$70 per person
12 prepaid sessions (@ \$62 per person/session):.....	\$744 per person
24 prepaid sessions (@ \$52 per person/session):.....	\$1248 per person

½ Hour Sessions:

Single session (1 person):	\$96
12 prepaid sessions (@ \$88 ea.):	\$1056
24 prepaid sessions (@ \$70 ea.):	\$1680
 Partnered session (2 people):	 \$150
12 prepaid sessions (@ \$124 ea):	\$1488
24 prepaid sessions (@ \$96 ea):	\$2304

I hereby acknowledge that I have reviewed and agree to the above conditions. Any questions that I had concerning these conditions have been answered to my satisfaction.

Participant's/Legal Guardian's Signature

Date

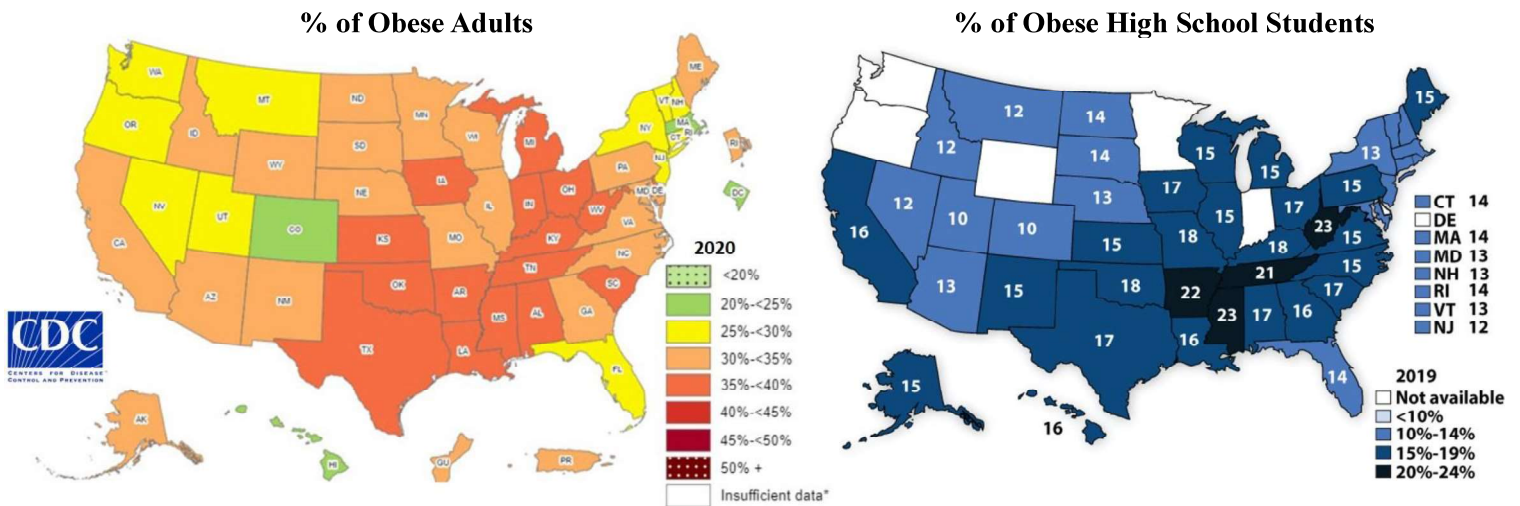
Accepted by FITNESS RxPERTS, LLC

Date

What is the significance of the Body Mass Index (BMI)?

The body mass index (or BMI) is used by medical and fitness professionals to determine the relative weight for height. Since an estimated 42.4% (about 139 million) of the adult population over the age of 20 and 19.3% of children ages 2-19 in the U.S. are either overweight, obese, or extremely obese, this measurement is very important. It is true that muscle is far more dense than fat and that a very muscular individual's status would not be accurately reflected by their BMI. However, this is not the issue for most Americans. The extra weight on the Americans in these stats is adipose (fat).

Percent of Obese (BMI \geq 30) in U.S. Adults



Obesity has been linked a number of health problems including elevated serum cholesterol levels, type II diabetes mellitus, hypertension, gallbladder disease, cardiovascular disease, osteoarthritis of weight-bearing joints, metabolic syndrome and cancer. These chronic diseases are also referred to as hypokinetic diseases because they are often due to insufficient physical activity and are often accelerated by poor dietary practices.

Because BMI is simply a ratio of weight relative to a person's height. This is quite informative for the general, sedentary, overeating and unfit population. But what about the fit population? What about those that go to the gym (all ages) and have maintained or even gained muscle mass over the years? The limitations of the BMI would leave more muscular gym goers and athletes to believe that they are overweight. Is that a problem for them? Absolutely not, as added muscle is only an added benefit for the purpose of increased insulin sensitivity, increased strength, improved metabolism, reduced body fat, improved cardiovascular health and more.

So what is a more useful metric for the fit population? The answer: body fat percentage. Unlike BMI, body fat percentage accounts for the distribution of the different components of your body's mass.

What does my body fat percentage mean?

Your body fat is expressed as a percentage of your body's total mass. Therefore, the amount of fat mass on your body is computed by multiplying your body fat percentage by your total weight. You then determine your fat free-mass by subtracting the weight of your fat mass from your total weight.

Body fat is a more accurate way to assess an individual's body composition for setting fitness and weight loss goals. While it is both healthy and necessary for all people to have fat on their bodies, the norms established by the American College of Sports Medicine are adjusted for both age and gender. Generally, females have a need for higher percentage of fat on their bodies than men for proper endocrine (hormone) bodily function and for bearing children. Men, on the other hand, tend to have a relatively greater amount of muscle on their bodies and thus a lower percentage of fat. According to the ACSM, an acceptable (healthy) level of body fat for a woman is anywhere between 20 and 32% whereas in a man acceptable body fat is between 10 and 22%.

Men's Norm Chart: Body Composition (body fat %) per ACSM					
Percentile	Age				
	20-29	30-39	40-49	50-59	60+
90 (Excellent)	7.1	11.3	13.6	15.3	15.3
80	9.4	13.9	16.3	17.9	18.4
70 (Above Average)	11.8	15.9	18.1	19.8	20.3
60	14.1	17.5	19.6	21.3	22.0
50 (Average)	15.9	19.0	21.1	22.7	23.5
40	17.4	20.5	22.5	24.1	25.0
30 (Below Average)	19.5	22.3	24.1	25.7	26.7
20	22.4	24.2	26.1	27.5	28.5
10 (Poor)	25.9	27.3	28.9	30.3	31.2

Women's Norm Chart: Body Composition (body fat %) per ACSM					
Percentile	Age				
	20-29	30-39	40-49	50-59	60+
90 (Excellent)	14.5	15.5	18.5	21.6	21.1
80	17.1	18.0	21.3	25.0	25.1
70 (Above Average)	19.0	20.0	23.5	26.2	27.5
60	20.6	21.6	24.9	28.5	29.3
50 (Average)	22.1	23.1	26.4	30.1	30.9
40	23.7	24.9	28.1	31.6	32.5
30 (Below Average)	25.4	27.0	30.1	33.5	34.3
20	27.7	29.3	32.1	35.6	36.6
10 (Poor)	32.1	32.8	35.0	37.9	39.3



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INTEGRATED CLIENT PROFILE

Name: _____ Date: _____

Occupation:

Have you exercised in the past 3 months? **Y or N**

If **Yes**, explain: _____

What is your current occupation? _____

- Does your occupation require: Extended periods of sitting? **Y or N**
- Extended periods of repetitive movements? **Y or N**
- Wearing shoes with a heel (dress shoes)? **Y or N**
- Experiencing anxiety (mental stress)? **Y or N**

Lifestyle:

Do you partake in any recreational activities (golf, tennis, skiing, etc.)? **Y or N**

If **Yes**, explain: _____

Do you have any hobbies (reading, gardening, working of cars, computers, etc.)? **Y or N**

If **Yes**, explain: _____

Eating Habits: _____

Packs of cigarettes smoked/week _____ Alcoholic beverages/week _____

Cups of coffee/tea/day _____ Cans of soda/day _____

Medical History:

Do you have or have you had any of the following:

- | | | |
|--------------------------------|---------------------------|-------------------------------|
| Asthma _____ | Allergies _____ | Orthopedic/Joint Issues _____ |
| Back pain _____ | High Blood Pressure _____ | Sinus _____ |
| Bursitis _____ | Fatigue _____ | Shortness of Breath _____ |
| Ulcers _____ | Heart Condition _____ | Diabetes Mellitus _____ |
| Hernia _____ | Epilepsy _____ | Elevated Chol _____ |
| Varicose Veins _____ | Arthritis _____ | Chest Pain _____ |
| Abnormal EKG/Stress Test _____ | | Other _____ |

Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc)? **Y or N**

If **Yes**, explain: _____

Have you ever had any surgeries? **Y or N**

If **Yes**, explain: _____

Are you currently taking any medication: **Y or N**

If **Yes**, detail beneath the physician information on last page.

Notes (Completed by FITNESS RxPERTS):

Personal Information:

Goals

In your own words, or with the examples below, please list your top **2** goals.

Look Better (lower body fat, muscle definition or mass)

Feel Better (education, energy, decrease pain, feeling of health, decrease or eliminate need for medication related to certain chronic diseases)

Perform Better (cardiovascular conditioning, flexibility, strength and/or endurance, sport-specific performance)

1) _____

2) _____

Commitment

Are you willing to perform home/independent flexibility or workout routines? **Y or N**

How many times per week are you willing to work out on your own? _____

Body Information

Weight (ft/in) _____ Height (lbs) _____ Age / DOB _____

Physician Information

Family MD _____ Phone _____

Address _____ Fax _____

Specialist _____ Phone _____ Fax _____

Date of last physical exam _____ Results _____

Are you taking any medications: List type and dose.

Should my medical status hereafter change in any way, I agree to notify FITNESS RxPERTS, LLC, as soon as possible.

I, _____, hereby certify that the above information is true and correct to the best of my knowledge.

Participant's Signature

Date



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877.797.3787

PERSONAL TRAINING CONTRACT

NAME: _____ DATE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____ DOB: _____

PHONE (H): _____ (W/C) _____ OCC: _____

RELEASE OF LIABILITY

I, _____, have enrolled in a program of strenuous physical activity including, but not limited to walking, running, boxing, weight lifting, bicycling and the use of various conditioning and exercise equipment and facilities designed, offered, recommended, and/or supervised by FITNESS RxPERTS, LLC. I hereby affirm that I am in good physical condition and/or, have clearance from my physician, and do not suffer from any disability that would prevent or limit my participation in this program.

In consideration of my participation in the program, I, _____, for myself, my employees, heirs, assigns, officers, directors, shareholders, and co-workers hereby release FITNESS RxPERTS, LLC, its employees, heirs, assigns, agents, officers, directors, and shareholders, from any and all claims, demands or causes of action arising from my participation in the program or from any use of the conditioning and exercise equipment and facilities.

I fully understand that I may suffer injury as a result of my participation in the program and I, _____ hereby release FITNESS RxPERTS, LLC, from any and all liability now and in the future, including but not limited to medical expenses, lost wages, pain and suffering, that may occur by reason of heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or

injury, however caused, whether occurring during or after my participation in the program or use of the conditioning and exercise equipment and facilities, regardless of fault.

PAYMENT

I acknowledge and agree that this Personal Training Contract is not transferable or assignable. I acknowledge that payment is required for blocks of sessions in advance of actual training sessions. I agree to pay \$ _____ in advance for _____ training sessions. I UNDERSTAND THAT THIS MONEY IS NOT REFUNDABLE (see Guarantee of Services). I understand that this contract and the terms it presents are for this purchase of sessions and any other purchase of services in the future. I acknowledge that this specific contract, release of liability, consent, and agreement is continuously valid indefinitely. No refund will be granted for scheduled sessions that have not been completed. I UNDERSTAND FITNESS RXPERTS, LLC, HAS THE RIGHT AND THE AUTHORITY TO TERMINATE THE PROGRAM AT ANY TIME, WITH NO REFUND, IF I DO NOT FOLLOW THE PROGRAM OR FAIL TO CONDUCT MYSELF IN AN APPROPRIATE MANNER.

CANCELLATION AND LATENESS

I acknowledge that appointment times are reserved and that cancellations must be made **24 hours** in advance. Cancellations must be made by calling 877-RXPPTS unless another phone number has been provided. I understand that I will not receive a refund for missed appointments. It is my responsibility to attend my personal training appointments when they are scheduled. I understand that appointments will begin and end promptly as scheduled. I acknowledge that any delays to the start of a session will not be a cause to extend provided service beyond the remainder of the scheduled time. I will not expect or ask my trainer to run overtime. I understand that if I am 15 minutes late my session may be cancelled and I may be charged for that session. I understand that sessions will run approximately one hour unless otherwise stated. I acknowledge that a delay to a session cannot change the session status to anything except a whole session. I understand that there are no half sessions because of any delay.

By signing this document, I attest, contract, acknowledge, and agree that I am legally bound by its content.

Participant's/Legal Guardian's Signature

Date

Accepted by FITNESS RXPPTS, LLC

Date