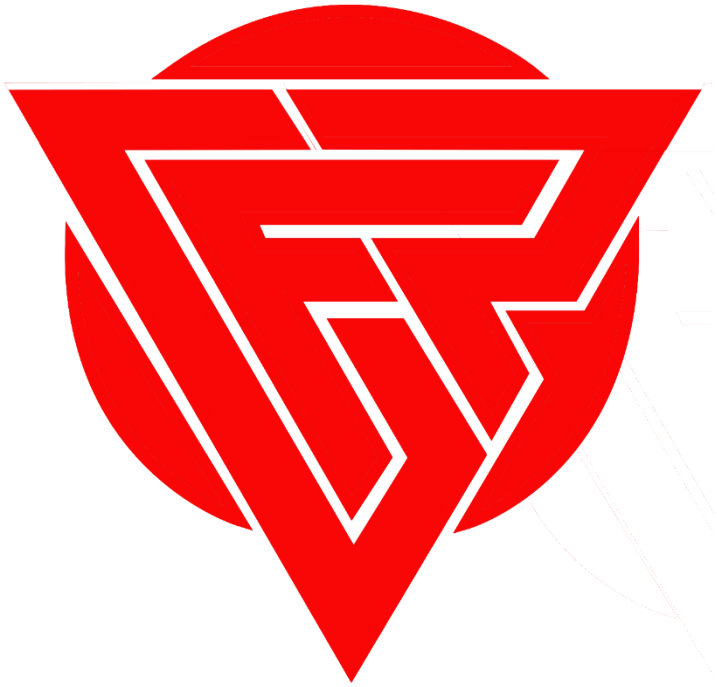


AWESOME FIT

CLIENT NAME	**:**
SESSION/DAY	**:**
STARTING DATE	**:**

AWESOME FIT

PERSONAL TRAINING CLIENT INFORMATION FORM

CONGRATULATIONS for choosing Awesome Fit Program and I as your Personal Trainer. To help you not only reach your fitness goal but also to aid your Personal Trainer to develop the best program suited to your needs.

All information provided below is strictly confidential.

PLEASE COMPLETE AND RETURN THIS FORM PRIOR TO YOUR 1ST SESSION:

Full Name	
Date of Birth	
Age	
Sex (Male/Female)	
Address	
Contact Number	
Occupation	
Email	
Emergency Contact Number & Name	
List current medications (if any)	

PERSONAL TRAINING AGREEMENT

This Personal Training Agreement, (hereinafter, the Agreement) is made and entered into on _____, by and between **Awesome Fit** and _____, MyKad no.: _____, (hereinafter, the Client). Trainer and the Client are sometimes collectively referred to in this Agreement as the Parties.

The parties hereby agree to the following terms and conditions:

1. **GENERAL TERMS**
   Client acknowledges that s/he is Agreementing for the services of a personal trainer provided by Awesome Fit.

   Trainer will design a tailored exercise program for the Client that reflects the clients' objectives, fitness level, and experience.

   Training programs shall have various Training Session. Each Personal Training Session shall last 60 minutes (hereinafter Training Session).

2. **ATTACHMENT**
   Client has read and executed the Full Disclosure of Physical Conditions/Informed Consent and Assumption of Risk, and Released of Liability form, which is attached hereto and incorporated into this agreement as if full set forth herein.

3. **TRAINING PACKAGES AND PAYMENTS**
   Training Packages includes various exercise programs involving various activities. Activities shall mean the following: testing including but not limited to testing of the cardiovascular system, heart rate, muscle strength, endurance, and flexibility; training; exercise; aerobics and aerobic conditioning and training, weight training; circuit training; cardiovascular exercise and training; use of machinery, training equipment, free weight, circuit machinery, and cardiovascular machines; strength; weight lifting; and other training activities, techniques, and/or exercises.

   The Training Package chosen by the client is _____ Package and shall consist of _____ sessions.

   The Client agrees to pay the Trainer the lump sum of RM _____ per Training Session upon the Client enrollment.

TERM & CONDITIONS OF AGREEMENT

HEALTH & FITNESS LIABILITY WAIVER & INFORMED CONSENT

1. I, the Client, recognize that the Personal Trainer is not able to provide me with medical advice with regard to my medical fitness and that the information is used as a guideline to the limitations of my ability to exercise safely. I have answered the question to the best of my ability and understand the advice, and certify that I have made a complete disclosure of my medical history and physical condition, and that the information provided is true and correct.

2. I recognize that the program may include strenuous physical activities including, but not limited to, stretching, muscle strength and endurance training, cardiovascular conditioning and training, and other various physical activities.

3. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely made by my own and in no such way forces by Awesome Fit management or the Trainer.

4. I fully understand and realize that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release Awesome Fit management and its agents (Personal Trainer) from any liability now or in the future for conditions that I may obtain as a result.

5. This conditions may include, but not limited to, heart attacks, muscle strains, muscle pull, muscle tears, broken bones, shin splint, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, and even possible of the death.

6. However, in the event of physical injury resulting from the fitness evaluation procedures, equipment usage or training protocols, no medical treatment or monetary compensation will be provided by Awesome Fit management/Personal Trainer.

7. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

THE CLIENT'S OBLIGATIONS

1. I, the Client, fully understand that I must commit and give full cooperation to this training program 100% in order for me to achieve results.

2. To keep this program running smoothly, I, the Client, responsibly and fully aware:
    a) **Must be on time** for meeting with my Trainer. Arriving 15 minutes or more later will not make an extended time for the session.
    b) Session cancellations are to be made at least **24 hours in advance** of session request, failure to do so will result in the cancellation of that session/ a change to the package session.
    c) Extensions on packages will not be given due to infrequent use or cancellation of sessions.
    d) The session has to be completed accordingly with my chosen package.
    e) But in the event that a medical problem or prolonged circumstances prevents completion of the contracted sessions within the time period set forth in this agreement, the Client may take an extended period of time to complete sessions. Length of extension will be determined upon presentation of medical documentation.

FEE POLICY

1. I, the Client, understand that the Training Fee must be **paid in lump sum** after filling out this Awesome Fit Personal Trainer Enrollment Form.
2. **No refundable** of Training Fee after registration will be granted, except for medical reasons, which must be endorsed by your physician/ upon presentation of medical documentation.

GENERAL POLICY

1. Your training may be filmed or pictures taken for marketing purposes. Your participation in a Session means you consent to photography, filming and sound recording which may include you as a Client and its use in commercial distribution without payment or copyright. All testimonials, photography's and filming will be under Awesome Fit properties/copyrights.

By signing this document, I, the Client hereby affirm that I have read, fully understand and agree to the terms and conditions of this Awesome Fit Personal Training and Payment Agreement in its entirely.

_____ _____

Signature of Client Date

_____

Client full name

_____ _____

Signature of Trainer Date

Muhammad Azhan bin Abdullah

FITNESS ASSESSMENT

PREPARING FOR YOUR FITNESS ASSESSMENT

1. Please complete your Personal Fitness Assessment from pages 7-9.
2. Wearing loose fitting, comfortable clothing.
3. The consultation may consist of the following:
    a) Review of Health and Lifestyle Questionnaire
    b) Review of Physical Activity Readiness Questionnaire (PAR-Q)
    c) Review of personal fitness goals
    d) Physical assessment and results review
    e) Assessment of exercise techniques
    f) Evaluation of aerobic fitness level

A FEW RULES

1. Do not eat a large meal prior to your Fitness Assessment. A light snack 1-2 hours prior is recommended.
2. Do not consume any caffeinated beverages or artificial stimulants prior to your consultation. These include coffee, tea, energy drinks, soft drinks, chocolate, cigarettes or over the counter non-drowsy allergy/cold medication.
3. Do not consume alcohol within 24 hours of your consultation.
4. Do not exercise 12 hours prior to your consultation.
5. We will execute only those portions of the assessment that you authorize.

By following these few guidelines, we are confident your Fitness Assessment will be an enjoyable experience.

AWESOME FIT

HEALTH & LIFESTYLE QUESTION

PERSONAL HEALTH & MEDICAL INFORMATION

The following questions are designed for the purpose of reviewing and determining your health history, possible risk factors, fitness and activity level, attitude and lifestyle. We recommend that anyone starting an exercise program should consult with a physician prior to starting.

Please tick accordingly

1. Did your physician recommend that you lose weight and/or start an exercise program? YES ☐ NO ☐
2. Are you taking any medications or drugs? If yes, please list medication, dose and reason: _____ YES ☐ NO ☐
3. Are you currently (or during the past 2 years) seeing a chiropractor, physiotherapist, massage therapist, occupational therapist, or any other health therapist? If yes, please list: _____ YES ☐ NO ☐

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Do you now, or have you had in the past (treatment, diagnosis):

Please tick accordingly

1.	History of heart problems, chest pain or stroke?	YES	☐	NO	☐
2.	Increased blood pressure (hypertension) or low blood pressure	YES	☐	NO	☐
3.	Any chronic illness or condition (cancer, MS, epilepsy, fibromyalgia)	YES	☐	NO	☐
4.	Difficulty with physical exercise	YES	☐	NO	☐
5.	Advice from a physician not to exercise	YES	☐	NO	☐
6.	Recent surgery (in past 24 months)	YES	☐	NO	☐
7.	Pregnancy (now or within last 12 months)	YES	☐	NO	☐
8.	Breast feeding (now or within last 12 months)	YES	☐	NO	☐
9.	History of breathing/lung programs (asthma, COPD, emphysema)	YES	☐	NO	☐
10.	Muscle, ligament, tendon, joint (shoulder, knee, hip, ankle, wrist) neck, or back disorder/injury or any previous injury still affecting you?	YES	☐	NO	☐
11.	Arthritis, Rheumatoid arthritis, osteoporosis	YES	☐	NO	☐
12.	Diabetes (type I or II), thyroid condition or hypo/hyperglycemia	YES	☐	NO	☐
13.	Cigarette smoking habit	YES	☐	NO	☐
14.	Obesity (more than 20 percent over ideal weight)	YES	☐	NO	☐
15.	History of heart problems or other condition in immediate family	YES	☐	NO	☐
16.	Hernia or any condition that may be aggravated by lifting weights	YES	☐	NO	☐
17	Frequent headaches (migraine, cluster, stress/tension)	YES	☐	NO	☐
18.	Frequent colds, flu, upper respiratory infection, strep throat	YES	☐	NO	☐
19.	Depression, Bipolar, Seasonal affective disorder (SAD)	YES	☐	NO	☐
20.	Circulatory problems/conditions	YES	☐	NO	☐
21.	Stomach, intestinal, digestive problems/conditions	YES	☐	NO	☐
22.	Chronic sleep problems	YES	☐	NO	☐

PERSONAL GOALS

GOAL EVALUATION

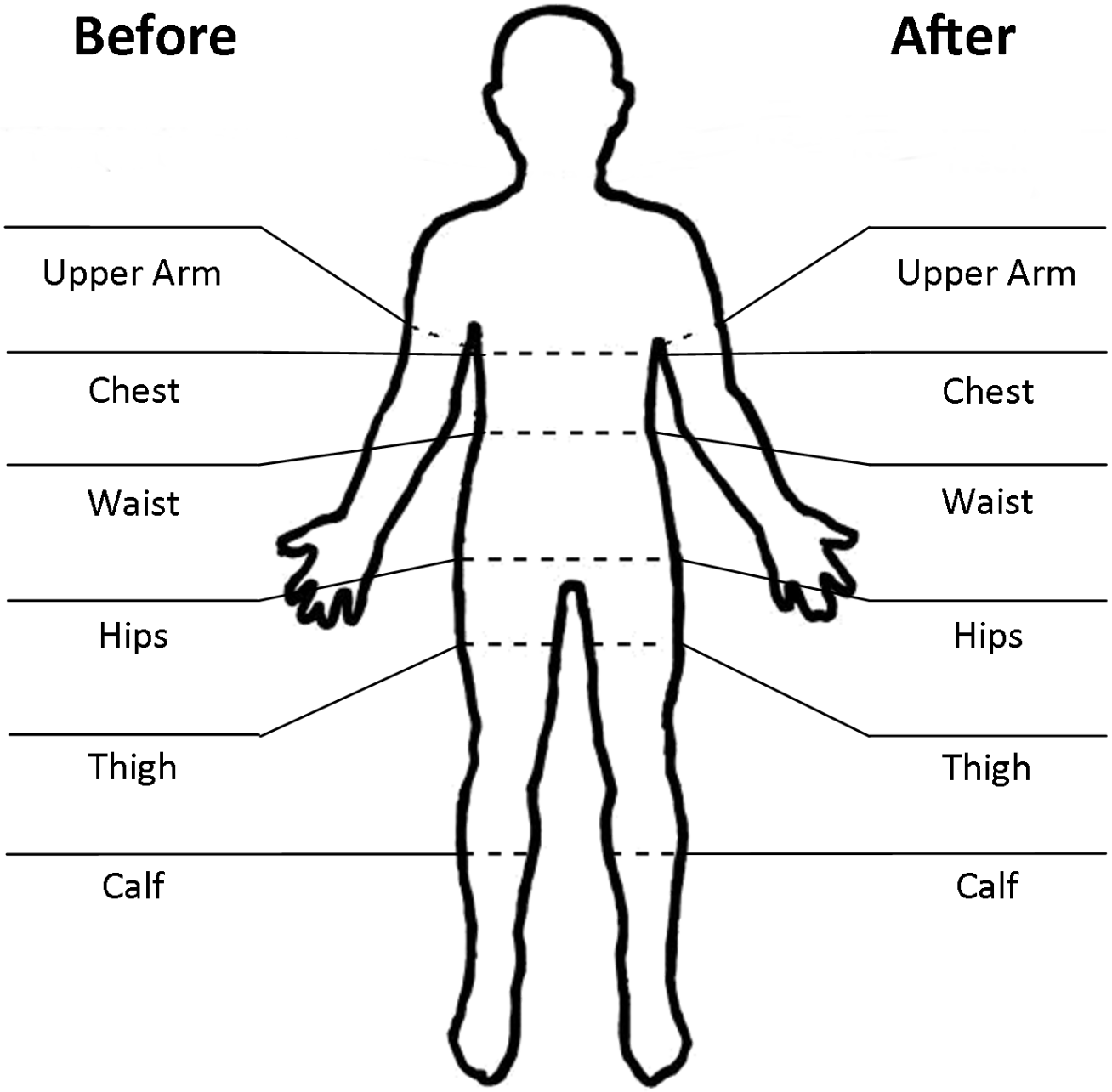
Rank your goals in starting an exercise program.

Please circle accordingly

1.	Body-fat loss (weight loss)	1	2	3	4	5
2.	Improved cardiovascular fitness	1	2	3	4	5
3.	Reshape or tone body	1	2	3	4	5
4.	Build muscle	1	2	3	4	5
5.	Improve flexibility	1	2	3	4	5
6.	Improve performance for a specific sport	1	2	3	4	5
7.	Improve moods & ability to cope with stress	1	2	3	4	5
8.	Increase energy level	1	2	3	4	5
9.	Feel better, positive attitude	1	2	3	4	5

AWESOME FIT

BODY MEASUREMENTS



ANTHROPOMETRIC AND BODY COMPOSITION

Week / Body Composition	W1	W4/W5
Body Weight		
Body Fat		
Body Muscle		
Body Mass Index		
Body Water		
Bone Weight		

Resting Heart Rate: _____

Count the number of beats in 15 seconds. Multiply this number by 4 to calculate your beats per minute.

Basal Metabolic Rate: _____

Daily Calorie Requirement: _____

AWESOME FIT

FITNESS TESTING

1. **CARDIOVASCULAR CAPACITY**

Cardiovascular fitness is the ability of the heart, lungs and circulatory system to supply oxygen and nutrients to working muscles efficiently, and allows activities that involve large muscle groups (walking, running, swimming, biking, etc) to be performed over long periods of time.

1-mile test: Client runs on treadmill until 1 mile (or 1.6km) is completed. Client is in control of speed and can increase or decrease the speed whenever they need until total distance is completed.

Total time to complete 1 mile: _____

2. **FLEXIBILITY**

Flexibility is the ability to move a joint fluidly through its complete range of motion and is important to general health and physical fitness. Flexibility is reduced when muscles become short and tightened by disuse causing an increase in injury and strains.

Sit & Reach: Sitting with feet pressed against edge of the sit-and-reach-box, the client is to bend forwards towards toes with hands stacked on top of one another. The goal is to push the measurement indicator as far forward as possible. Measurement is done 3 times.

Attempt #1: _____ Attempt #2: _____ Attempt #3: _____

3. **MASCULAR ENDURANCE**

Muscular endurance is the ability of a muscle to perform multiple contractions with a sub maximal weight for a given period of time. Muscular endurance is very transferable to tasks within daily life, as well as in athletic situations since the muscle is often under pro-longed periods of tension. Those who don't perform well on these tests will greatly benefit from resistance training programs.

Each test is done for one minutes.

a) Push-ups (full) rep: _____

b) Sit-ups rep: _____

c) Squat rep: _____

d) Plank (minutes): _____ (hold the position for as long possible)