

# C Double Fitness Assessment Questions Page 1

Please answer all of the following questions accurately and honestly to allow us to fully and completely understand and determine the ideal training for your individual needs.

Current Body Fat % \_\_\_\_\_ Current BMI% \_\_\_\_\_ Desired Body Fat % \_\_\_\_\_ Desired BMI % \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Current Weight \_\_\_\_\_ Ideal Weight \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cellular phone # \_\_\_\_\_ Business Phone# \_\_\_\_\_

Cellular Carrier \_\_\_\_\_ Address \_\_\_\_\_

Email Address1 \_\_\_\_\_

Email Address2 \_\_\_\_\_

Do you smoke regularly? YES NO

Do you drink alcohol occasionally? YES NO

How much water do you drink daily? 8-10 ounces 11-20 ounces 21-40 ounces 41- 100 ounces  
Other \_\_\_\_\_

How many times per day do you eat? 1-2 times 3-4 times 5-6 times other \_\_\_\_\_

Have you been consistent with a workout routine in the last year? YES NO

Have you ever used a personal Trainer in the past? YES NO

Are there any physical conditions C Double and the certified trainers should be made aware of?

Please list the habits you would like to change or improve. \_\_\_\_\_

When was the last time you were in the best shape of your life? \_\_\_\_\_

What have you been doing to help you achieve your goals? \_\_\_\_\_

What events do you have coming up that will help motivate you towards your goals? \_\_\_\_\_

Why is it important for you to achieve your goals now? \_\_\_\_\_

After attaining your goals, how will your life be different? \_\_\_\_\_

## C Double Fitness Assessment Questions Page 2

What are your physical goals?

Lose weight      Gain Weight      Feel Better      Look Better      Eat Better      Live Healthier      More stamina

Other \_\_\_\_\_

What outside factors have derailed your progress in the past?

TIME      FINANCES      WORKOUT AREA/ FACILITY      PROCRASTINATION      LACK OF SUPPORT

In your own words, WHAT HAPPENED?

ACCOUNTABILITY      LACK of DISCIPLINE      KNOWLEDGE      EXPERIENCE  
LACK OF EXPERTISE      LACK of SUPPORT

On a scale of 1-10, how serious are you about achieving your goals?

1 2 3 4 5 6 7 8 9 10 *C DOUBLE FITNESS ME UP I'M READY* \_\_\_\_\_!!!!!!!!!!!!!!

50%----->

C DOUBLE FITNESS

Would you like to be added to the C Double Fit Squad Newsletter?  YES  NO

Would you like to become a VIP member and take advantage of special discounts and sales, at [www.pridenutrition.com](http://www.pridenutrition.com)?  YES  NO

How did you hear about C Double Fitness and the FIT SQUAD? \_\_\_\_\_

RELEASE AND WAIVER OF LIABILITY

Clients' Assumption of Risk and FULL RELEASE FROM LIABILITY OF C DOUBLE FITNESS: Client acknowledges that the C DOUBLE FITNESS TRAINING PROGRAM (FIT SQUAD) hereunder includes participation in strenuous physical activities, including but not limited to, aerobic exercise, weight training, stationary exercise, various aerobic/anaerobic exercise, various aerobic conditioning machines and various nutritional programs offered by C DOUBLE FITNESS TRAINING PROGRAM (FIT SQUAD) (the Physical Activities). Client acknowledges these Physical Activities involve inherent risk of physical injuries or other damages, including but not limited to heart attacks, muscle strains, pulls tears, broken bones, shin splints, heel prostration, knee/lower back/ foot injuries and other illness, soreness, or injury however caused, occurring during or after the clients participation in the PHYSICAL ACTIVITIES. Client further acknowledges that such risks include but are not limited to, injuries caused by the negligence of an instructor or other person, defective or improperly used equipment, over exertion of a Client, slip and fall by Client, or an unknown health problem of Client. Client agrees to assume all risk and responsibility of Client to seek competent medical or other professional advice, regarding any concerns involved with the ability of Client to take part in the Physical Activities. By signing this agreement client asserts that he or she is capable of participating in the Physical Activities. Client agrees to assume all risk and responsibility for not exceeding his or her own physical limits. Client, on behalf of Client his or her heirs, assigns and next of kin, agrees to fully release C DOUBLE FITNESS TRAINING PROGRAM (FIT SQUAD) as well as any of its owners, employees or other authorized agents, including independent contractors from any and all liability, claims and /or litigation actions that Client may have for injuries, disability or death or other damages of any kind, including but not limited to punitive damages, arising out of participation in C DOUBLE FITNESS TRAINING PROGRAM (FIT SQUAD) including but not limited to the Personal Training Programs and the Physical Activities, even if caused by the negligence, gross negligence, intentional acts or omissions and/or any other type of fault of C DOUBLE FITNESS TRAINING PROGRAMS, its owners, employees or other authorized agents, including independent contractors.

CLIENT SIGNATURE: X \_\_\_\_\_

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