



Physical Activity Readiness Questionnaire (Par-Q)

Contact Information: (Please Print)

Form with fields for First Name, Last Name, Preferred Name, Street Address, City, State, Zip Code, Birth Date, Age, Grade/Year, Gender, Cell Phone Number, Secondary Phone Number, Primary Email, Emergency Contact Name, Relationship, Phone, and Emergency Contact's Email.

Past Health History:

- 1. Has your doctor ever informed you that you have heart trouble? Yes No
2. To the best of your knowledge, do you currently have high blood pressure? Yes No
3. Have you undergone surgery (minor or major) within the past two (2) years? Yes No
4. Do you currently have a bone or joint problem that may become aggravated with strenuous exercise? Yes No
5. Do you have diabetes? If so, what type: Yes No
6. Do you have any concerns about participating in a strenuous fitness program such as dizziness, fainting, chest pains, pregnancy, low back pain, smoking, current medications, etc.? If so, please explain: Yes No
7. Are you currently taking medication? If so, please list: Yes No
8. Is there anything, not mentioned above, that we should be aware of in order for us to appropriately design a safe and productive fitness program for you? If yes, please explain: Yes No

As a client of SMARTER Team Training, LLC (STT), I intend to engage in strenuous physical activities. I acknowledge that these activities involve certain risks. I voluntarily assume full responsibility for any loss or damage of property owned by me, or personal injury including death.

I hereby grant permission to STT to videotape, photograph, and/or interview me for use on social media, in video productions, promotions, and distribution of videotapes, podcasts, articles, books, apps, and/or DVD's. It is my understanding that this video footage(s), photograph(s), interview(s), or portions thereof may be used for social media, productions, promotions, and distribution of videotapes, podcasts, articles, books, apps, and/or DVD's.

In consideration of being accepted as a client of STT, I hereby release and forever discharge STT, its management, partners, agents, contractors, and employees (whether acting within the scope of their employment or not) from any claims, demands, or causes of action relating to or arising from my presence or participation in an STT program, which may result in injury to me or even death. I intend this release to bind my heirs, executors, assigns, administrators, personal representatives, and myself.

Client Name (Please Print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

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

Parent/ Guardian Name (Please Print): \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

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

## STT Client Contract

I agree to the following terms, conditions, and policies regarding the payment policies and attendance of each party involved while I am a client of **SMARTER Team Training, LLC (STT)**. This includes every session scheduled between STT and me.

- **Client is required to pay for service at the completion of their scheduled training.**
- A 24-hour notice of cancellation is required if a client is unable to attend a scheduled training session (emergencies will be handled individually).
- If the client, without this prior notice, misses a scheduled appointment STT will be compensated for the full amount of the training session.
- If an STT trainer, without this prior notice, misses a scheduled appointment, then a free session will be issued to the client.
- All payments will be made with check (payable to SMARTER Team Training) or credit card on file. A receipt can be issued upon request.

**Also note there is a \$25.00 fee for all returned checks.**

*STT's business registration number with the State's Consumer Protection Division is P5058. We are not required to carry a performance bond under the Maryland Health Club Services law because we do not accept more than three months' payment in advance or charge initiation fees over \$200. In fact, we do not charge any initiation fees or other up-front fees. We do not obligate consumers to purchase more than one day's service at a time. We do not collect payment from any consumer before the date services are provided.*

***If there are any questions or concerns regarding the terms, conditions, and policies implemented by SMARTER Team Training, LLC., please discuss them with Robert Taylor.***

I fully understand and agree to the terms listed above.

**Client Name (Please Print):** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/ Guardian Name (Please Print):** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## STT Credit Card Athorization Form

Please complete all fields below. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

### Credit Card Information

Card Type (Check one):

- MasterCard       Visa       Discover       AMEX  
 Other: \_\_\_\_\_

Cardholder's Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_/\_\_\_\_\_

Cardholder Zip Code (from credit card billing address): \_\_\_\_\_

I, \_\_\_\_\_, authorize SMARTER Team Training, LLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

