

## Beyond Physical Fitness Personal Training Policies Agreement

**Please Read This Application in its Entirety Before Signing**

Beyond Physical Fitness was founded on the belief that taking care of your body is pleasing in God’s sight (I Corinthians 6:19-20). The goal of Beyond Physical Fitness is to merge mental toughness and holistic wellness with fitness at a professional level. I believe that this is possible without complex measures. In order to maintain an agreement of understanding, I feel it is important to highlight the Personal Training Policies of Beyond Physical Fitness.

### Pricing Plans for Personal Training

This affordable pricing plan has been designed in such a way that the more you purchase up front, the more you save long term. Today group sessions are growing in popularity, as it is a way to save money, get in shape and still be with friends. However, for specialized needs or very specific goals, private personal training sessions may better suit you. Every 30 days you will notice a body composition change of some sort pending you follow the nutritional guidance and cardio and exercise assignments.

All private and group sessions include:

- Supervised/Personalized program designs
- Goal setting tasks
- Nutritional guidance and accountability
- Cardio assignments and accountability
- Warm Up
- Pre and Post Stretching
- Cardio conditioning
- Strength training
- Weight lifting

#### Individual

| # Sessions | \$ Per Session<br>30min/1hr | Total Cost<br>30min/1hr | Total Savings |
|------------|-----------------------------|-------------------------|---------------|
| 1          | \$35/65                     | \$35/65                 | --            |
| 5          | \$30/60                     | \$150/300               | \$25          |
| 10         | \$27.50/55                  | \$275/550               | \$75/100      |
| 20         | \$25/50                     | \$500/1000              | \$200/300     |

#### Partner

| # Sessions | \$ Per Session<br>30min/1hr | Total Cost<br>30min/1hr | Total Savings |
|------------|-----------------------------|-------------------------|---------------|
| 1          | \$28/52                     | \$28/52                 | --            |
| 5          | \$24/48                     | \$120/240               | \$20/30       |
| 10         | \$22/44                     | \$220/440               | \$60/80       |
| 20         | \$20/40                     | \$400/800               | \$160/240     |

### Group

| # Sessions | \$ Per Session<br>30min/1hr | Total Cost<br>30min/1hr | Total Savings |
|------------|-----------------------------|-------------------------|---------------|
| 1          | \$25/47                     | \$25/47                 | --            |
| 5          | \$22/43                     | \$110/215               | \$15/20       |
| 10         | \$20/40                     | \$200/400               | \$50/70       |
| 20         | \$18/36                     | \$360/720               | \$140/220     |

### Boot Camp

| # Sessions | \$ Per Session | Total Cost | Total Savings |
|------------|----------------|------------|---------------|
| 1          | \$10           | \$10       | --            |
| 8          | \$7.50         | \$60       | \$20          |

Measurement consultations are \$25 on site and \$35-\$45 in home.

For in home personal training add premium of \$10 per session (per person).

Take off 10% for children under 18 years of age for personal training.

Please note that 10 sessions or less must be completed within 5 weeks of first session and 20 sessions must be completed within 10 weeks of first session. Sessions not completed within these time frames will become expired and counted as loss. Each package must be paid in advance prior to beginning a program.

#### *Cancellation Policy for Private Sessions*

Cancellations less than 24 hours prior, but greater than 3 hours prior to appointment will be charged at 50% of total service cost. If cancellation notification is received less than 3 hours before your scheduled appointment or you fail to show up for your scheduled session, the session will count as a completed session.

If for any reason I cancel the session less than 3 hours prior to the scheduled session, you will receive a scheduled replacement session. If for any reason I fail to show up for a scheduled session, you will receive a scheduled replacement session plus one additional session.

#### *Tardiness for Private Sessions*

It is understood that from time to time all individuals face unavoidable situations that may cause him or her to be delayed. You may arrive up to 15 minutes late and still participate in the remaining minutes of the scheduled session. If no call is received and you are not present 15 minutes past the scheduled start time, the session will be counted as a completed session. If I am more than 10 minutes late without attempting to contact you, you will receive the remainder of that session plus an additional session that best suites your schedule.

#### *Tardiness and Cancellation for Group Sessions and Boot Camp*

Group sessions and boot camps are designed for all members of the group to work out at the same time. If a member is late, he or she may participate in the remaining minutes of

the workout after a proper warm up and stretching has taken place by the individual on his or her own. If a group member fails to show up for the work out, it will continue without that member and the session will be counted as completed. If all members of a group fail to show up and no cancellation call is made more than 3 hours before the scheduled session time, the session will be counted as completed for all members. If all members of a group cancel less than 24 hours prior, but greater 3 hours prior to appointment, the group will be charged at 50% of total service cost. Beyond Physical Fitness is not responsible for sessions lost or workout time lost at boot camp due to drizzle or light rain. Class resumes as long as there is no lightning or heavy rain.

### Record of Attendance

An attendance record of completed sessions will be kept. Each time a session is completed, you will initial across from your name and date.

### Refunds and Session Transfers

Once a session or package of sessions has been purchased, there will be no refunds. Fortunately, if for any reason you are incapable of completing your sessions, you may transfer them to a friend or family member once they complete an application.

### Session Length

Each session is half an hour or 1 hour in duration depending on the package you choose. If you wish to stay and do some additional cardio once your session is complete, you are welcome to as long as myself or another personal trainer is there to supervise and close the gym. Boot camps are 1 hour in duration.

### Methods of Payment

All services may be paid via cash, credit or debit.

Thank you for operating in accordance to the **Beyond Physical Fitness** terms and conditions

### Acceptance

I, \_\_\_\_\_ have read, understand and agree to abide by all sections of the **Beyond Physical Fitness: Personal Training Policy**.

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

\_\_\_\_\_  
Signature Date

Natasha Handy

*d.b.a.*

**Beyond Physical Fitness**

**[Personal Training Waiver of Liability and Informed Consent]**

I \_\_\_\_\_, have enrolled in a program of strenuous physical activity including but not limited to aerobic dance, weight training, stationary bicycling, and the use of various aerobic-conditioning and strength building machinery offered by Beyond Physical Fitness. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program. In consideration for my participation in the Beyond Physical Fitness exercise program, I, \_\_\_\_\_, my heirs and assigns, hereby release Natasha Handy, d.b.a. Beyond Physical Fitness, its' owners, associates, contractors (i.e., this waiver of liability including all training and specialty classes held at but not limited to 310 E Parkerville Rd., Cedar Hill, Texas and any in-home training or off-site training such as hikes, walks, runs, calisthenics, weight lifting, boot camps etc.), employees, vendors and or suppliers, Natasha Handy, Natasha's heirs and assigns, including any and all assets, from any claims, demands and causes of action arising from my participation in the Beyond Physical Fitness exercise program.

I fully understand that I may injure myself as a result of my participation in the Beyond Physical Fitness exercise program offered by Natasha Handy. I \_\_\_\_\_, hereby release all associates of the Beyond Physical Fitness exercise program offered by Natasha Handy, as detailed above. Beyond Physical Fitness/Natasha Handy is not now responsible for, nor in the future, including but not limited to, heart attacks, muscle strains, pulls of any sort, tears of any sort, broken bones of any sort, shin splints, heart prostration (including or involving any latent/hidden heart problems), knee/lower, back/foot, injuries and other related illnesses, soreness, or injury however caused, injury occurring as a result of my participation in the exercise program, or after, as a result of my participation in the exercise program.

Natasha Handy (d.b.a. Beyond Physical Fitness) has recommended that I consult a Physician before I engage in any physical exercise program. I acknowledge that I have done so, and that my Physician has cleared me for participation, **or**, after rendering an individual decision, on my own, I have chosen not to consult a physician but will begin the exercise program **at my own risk**.

I have read this form and understand that there are inherent risks associated with my physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity. In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

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

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date of Signature

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## Physical Activity Readiness Questionnaire (PAR-Q)

Please initial below the answer that correctly applies to you for each question.

**Yes**   **No**

- |     |     |    |   |
|-----|-----|----|---|
| ___ | ___ | 1. | Has your doctor ever said you have heart trouble?   |
| ___ | ___ | 2. | Has your doctor ever said you have high blood pressure or high cholesterol?   |
| ___ | ___ | 3. | Has your doctor ever told you that you have a bone or joint problem such as but not limited to arthritis that has been aggravated by exercise or might be made worse with exercise? |
| ___ | ___ | 4. | Do you often feel faint or have spells of severe dizziness?   |
| ___ | ___ | 5. | Are you over 65 and not accustomed to vigorous exercise?  |
| ___ | ___ | 6. | Is there any physical reason not mentioned here why you should not follow an activity program even if you wanted to?  |
| ___ | ___ | 7. | Do you frequently have pains in your heart and/or chest?  |

**If you checked yes to any of the above**, vigorous exercise testing should be postponed. Medical clearance from your physician is **strongly** advised. Consult with your personal physician by telephone or in person and tell him/her what questions you answered “yes” to on PAR-Q and present your PAR-Q copy.

After medical evaluation, seek advice from your physician as to your suitability for

- unrestricted physical activity starting off easily and progressing gradually, and
- restricted or supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services.

By signing below I agree that I have read and understand the statements above and that I have initialed above the answer that correctly applies to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**PHYSICIAN'S APPROVAL**

Certified Personal Trainer: Natasha R. Handy  
Phone number: (214) 455-7851

\_\_\_\_\_ has been examined by me and has my approval to  
Participant's name  
participate in a progressive exercise program. I understand the physical and  
physiological stressors of the program and see no reason why the above named person  
should not participate.

\_\_\_\_\_ M.D. \_\_\_\_\_  
Physician's Signature Date

**TYPE OF ACTIVITY**

**INTENSITY**

|                     |       |
|---------------------|-------|
| Cardiovascular      | _____ |
| Resistance Training | _____ |
| Flexibility         | _____ |
| Other               | _____ |

**PHYSICIAN'S RECOMMENDATIONS/CONTRAINDICATIONS**

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**RECOMMENDED: PROVIDE COPY OF PROOF OF INSURANCE**

*MEDICAL HISTORY*

CLIENT NAME \_\_\_\_\_  
AGE \_\_\_\_\_

DATE \_\_\_\_\_

CHECK THOSE THAT APPLY  
PUT N/A NEXT TO THOSE THAT DON'T APPLY

- \_\_\_\_\_ Recent illness, hospitalization or surgical procedure
- \_\_\_\_\_ Heart attack, coronary bypass, cardiac surgery, stroke
- \_\_\_\_\_ Abnormal resting or stress EGG
- \_\_\_\_\_ Uneven, irregular, or skipped heart beats (including a racing or fluttering heart)
- \_\_\_\_\_ Abnormal blood lipids
- \_\_\_\_\_ Family history of coronary or other atherosclerotic disease prior to age 55 male, 65 female
- \_\_\_\_\_ Diabetes Mellitus
- \_\_\_\_\_ High Blood Pressure
- \_\_\_\_\_ Phlebitis Emboli
- \_\_\_\_\_ Pulmonary disease (asthma, emphysema and bronchitis)
- \_\_\_\_\_ Rheumatic Fever
- \_\_\_\_\_ Light headedness or fainting
- \_\_\_\_\_ Chest pain at rest or exertion
- \_\_\_\_\_ Unusual shortness of breath
- \_\_\_\_\_ Orthopedic problems (arthritis or any other bone, joint or muscle problems)
- \_\_\_\_\_ Emotional disorders
- \_\_\_\_\_ Medications (list all medications beneath comments)
- \_\_\_\_\_ Drug allergies
- \_\_\_\_\_ Smoking
- \_\_\_\_\_ Physical inactivity

Lower portion to be completed by your physician

RECOMMENDATIONS/HEALTH STATUS CLASSIFICATION

- |   |                          |
|---|--------------------------|
| _____ Medical clearance                     | _____ Apparently healthy |
| _____ Max stress test and medical clearance | _____ Increased risk     |
| _____ Refer to medically supervised program | _____ Known disease      |

COMMENTS

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# Beyond Physical Fitness by Natasha Handy

## CLIENT SCREENING FORM

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

\_\_\_\_\_ CELL PHONE \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

How did you hear about Beyond Physical Fitness? \_\_\_\_\_

### **HEALTH HISTORY**

1. Do you smoke? **Y or N**  
How many per day? \_\_\_\_\_

2. Has your doctor ever said your blood pressure was too high or too low? **Y or N**

3. Do you have any known cardiovascular problems (abnormal Heart or ECG, previous Heart Attack, Atherosclerosis, ETC)? **Y or N**

Which? \_\_\_\_\_

4. Has your doctor ever told you your Cholesterol level was High? **Y or N**

5. Do you feel you are overweight? **Y or N**  
By how many pounds? \_\_\_\_\_

6. Do you have any injuries or orthopedic problems (Bad Knees/Back, etc?) **Y or N**  
If so, please explain  
\_\_\_\_\_

7. Are you taking any prescribed medications or dietary supplements? **Y or N**  
If so which ones and what are they for?  
\_\_\_\_\_

8. Date of your last physical examination? \_\_\_\_\_

9. Date of your last blood test showing cholesterol (HDL, LDL, Glucose, Iron, Etc.)  
\_\_\_\_\_
10. Do you have any medical conditions or problems (including stress related) not previously mentioned? **Y or N**
11. Are you currently involved in a regular exercise program? **Y or N**  
If so explain? \_\_\_\_\_  
  
If not when was the last time you exercised at least 3 times a week \_\_\_\_\_
12. Have you ever exercised with weights? **Y or N**  
If so, when? \_\_\_\_\_

**What are your goals within this program?**

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**Life-Style Improvement  
Contract with Myself**

I hereby pledge to exercise in accordance with Beyond Physical Fitness by Natasha Handy, I pledge to nourish my body with the quantity and quality of nutrients that will make me flourish, and to dedicate my efforts to elevate and care for myself to the best of my ability

\_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

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**What kind of music do you like to work out to?**

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**Thank you for your time in answering these questions.**

***Now let's get started!***