

Health History



All information received on this form will be treated as strictly confidential. Please fill out the forms **completely and accurately**. This information is essential to helping develop a program that addresses your needs, goals and interests and is safe and effective.

Name: _____				Birthday _____ / _____ / _____			Age: _____	
				M D Y				
Address: _____								
Street		City		State		Zip Code		
Phone: (h) _____		(c) _____		(w) _____				
Email address: _____								
Occupation: _____								
Emergency Contact: _____				Relationship: _____				
Phone Number: _____								
Physician's Name: _____				Physician's Phone: _____				
Physician's Address: _____								
Street		City		State		Zip Code		

24-Hour Notice Cancellation Policy

Tessera Performance operates on a scheduled appointment basis to help clients reach their goals. We ask that if you need to cancel your appointment, respectfully give us a 24-hour notice. Notices to cancel or reschedule with less than a 24-hour notice will still be charged for that session.

Client Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

PAR-Q FORM

Please mark YES or No to the following:

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

YES NO

Do you frequently have pains in your chest when you perform physical activity?

Have you had chest pain when you were not doing physical activity?

Do you have a family history of heart disease, heart attack, or stroke?

Do you lose your balance due to dizziness or do you ever lose consciousness?

Do you have any breathing problems such as asthma or COPD?

Do you have any eating disorders such as anorexia or bulimia?

Are you pregnant now, miscarried in the past 6 months, or have given birth within the last 6 months?

If you have marked **YES** to any of the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? **YES / NO**

What is the medication for? _____

How does this medication affect your ability to exercise or achieve your fitness goals?

I consent to begin this program **WITH / WITHOUT** a medical examination and/or physicians clearance. *(please circle one)*

Client Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

NUTRITION:

Please indicate the time of your meals, frequency and size.

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
What time do you eat?						
Always, Sometimes, Never						
Size of Meal (S, M, L, XL)						

Are there any foods you avoid or consume for health reasons? **YES / NO**

Which ones? _____

Indicate the number of proteins, starches, fruits/vegetables, and sweets you eat daily.

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Proteins						
Fruits & Vegetables						
Starches (Carbs)						
Sweets/Sodas						

How many 8oz. glasses of water do you drink/day? _____

[1 gal = 128oz. = 3.78L = 16 glasses]

[1/2 gal = 64oz. = 1.89L = 8 glasses]

How much alcohol do you drink per week?

	S	M	T	W	TH	F	S
Beer							
Wine							
Hard Liquor							
Mixed Drinks							

On a scale of 1-10, rate your Nutrition:

1 2 3 4 5 6 7 8 9 10
 POOR ROCKSTAR

List 3 areas of your Nutrition you would like to improve:

1) _____ 2) _____ 3) _____

LIFESTYLE:

Please rate the following emotional stressors on a scale of 1-10.

	Low	High
Home?	1 2 3 4 5 6 7 8 9 10	
Work?	1 2 3 4 5 6 7 8 9 10	
Financial?	1 2 3 4 5 6 7 8 9 10	
Relationships?	1 2 3 4 5 6 7 8 9 10	
School?	1 2 3 4 5 6 7 8 9 10	
	Low	High

How many hours of sleep do you get per night? _____ Is it interrupted? **YES / NO**

How many hours of work do you perform per day? _____ Per week? _____

What is your occupation? _____

What physical stresses accompany your work? _____

Do you lift objects, stand, or sit for prolonged periods while at work? (circle those that apply & elaborate) _____

Do you smoke? **YES / NO** If yes, how many per day/week? _____

Please list any activities or sports – group or individual – that you have/are participating. (i.e. walking, running, snowboarding, skiing, hiking, musical instrument, karate, etc.)

Activity / Sport	Ages of Participation	Length of Participation

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

- 1) I, _____, wish to participate in the exercise and performance training program offered by Tessera Performance. I understand there are inherent risks in participating in a program of strenuous exercise. I agree that Tessera Performance, Adam Bratten, David Armayor and/or any Tessera Performance representative shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at STAC Fitness Facility, at home, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge Tessera Performance, its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

I have read and understand this term: _____(initial)

- 2) I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I understand and agree that it is my responsibility to inform my Performance Coach of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____(initial)

- 3) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Performance Coach.

I have read and understand this term: _____(initial)

- 4) I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: _____(initial)

- 5) I understand that all personal training rates are based on 60 minute sessions and should I arrive late, there is no guarantee I will receive the full session with my trainer. In return, if my Performance Coach is late, I will still receive the full session time.

I have read and understand this term: _____(initial)

- 6) I understand that Tessera Performance works on a pre-pay basis. Checks are to be made payable to Tessera Performance. I understand that all training sessions are non-transferable and non-refundable. I also understand that all pre-paid training sessions must be redeemed within one year of purchase. Checks may be mailed to **5275 DTC Pkwy, Greenwood Village, CO 80111**.

I have read and understand this term: _____(initial)

- 7) I understand that Tessera Performance operates on a scheduled appointment basis and thus, requires that I provide 24 hours notice when canceling or rescheduling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice.

I have read and understand this term:_____ (initial)

- 8) I understand that during a coaching session, my coach may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my Performance Coach discontinue using this technique.

I have read and understand this term:_____ (initial)

- 9) I understand there is a returned check fee of \$35.00.

I have read and understand this term:_____ (initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Client Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

STAC Fitness Center / Renaissance Athleta, Inc. Agreement

The Client acknowledges that any program of fitness exercise involves a degree of risk and or injury.

The Client represents that he/she has been recently examined by a medical doctor and been found able to undertake a program of exercise.

For and in consideration of the design of an exercise program for Client by Tessera Performance, LLC or its Assigns (Trainer), Client agrees that:

- 1) Any exercise program shall be undertaken by Client at his/her sole risk.
- 2) Client also understands all trainers at facility are independent contractors.
- 3) Trainers are not employees of Stac Fitness Center / Renaissance Athleta Inc.
- 4) STAC / Renaissance Athleta shall not be liable for any fitness regimen or nutritional advice given to Client by Trainer.

Client hereby releases and discharges STAC Fitness Center / Renaissance Athleta Inc. from any claims or actions arising from or connected with services provided by Trainer.

Client Signature: _____ Date: _____

Print Name: _____

Parent/Legal Guardian: _____ Date: _____

Children under 18
