

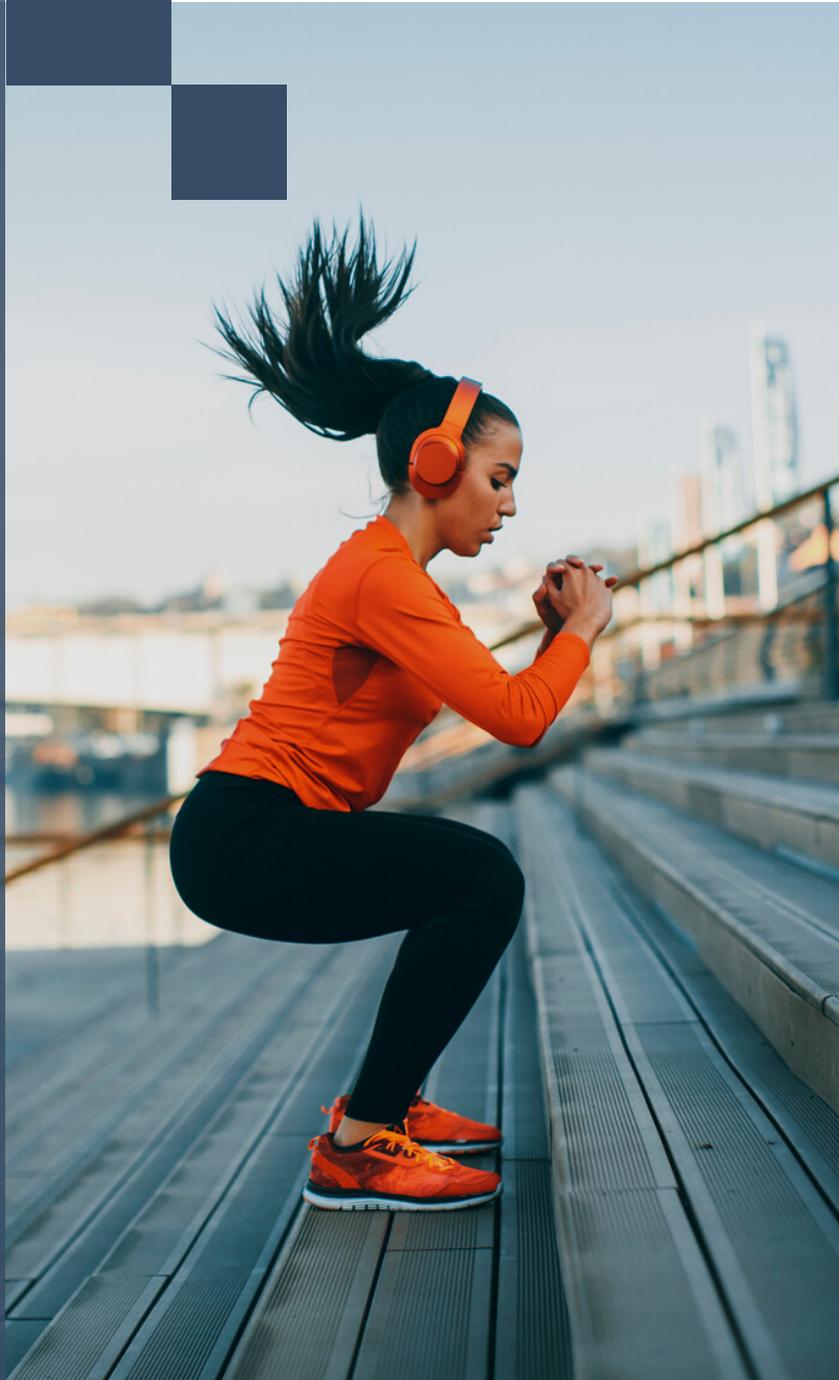


let's get moving

ADVANTAGEHEALTH PERSONAL TRAINING

TRAINING BENEFITS

Personal training has many benefits which include weight loss, increased muscular strength and decreased cholesterol and blood pressure. While many only consider these benefits, personal training offers a multitude of other benefits such as: learning new exercises to incorporate into your own workouts, knowledge of safe and efficient techniques, building effective workouts, and breaking through plateaus.



www.advantagehealth.com
8011 34th Avenue South
Suite 216
Bloomington, MN
612-823-4470

INDIVIDUAL AND GROUP TRAINING SERVICES

OUR SPECIALTIES

Strength Training | Cardio Training | Weight Loss | General Fitness



MONTHLY SESSIONS

Monthly training allows you to create a consistent schedule that makes YOU and your GOALS a priority. In addition to many other benefits, consistent monthly training will enable you to build a good fitness base, ingrain working out as a habit, reduces injury risks, and provide yourself with a regular mental boost. Sessions expire on the subscription renewal date.



SINGLE SESSIONS

Whether you're a bigger or seasoned athlete, our professionally trained staff can customize a program based on your needs. You can purchase as many sessions as you need to meet your specific goals. Depending on the number of sessions purchased, sessions will expire three to six months from purchase date.



INDIVIDUAL TRAINING PLAN

If you're looking to jump-start your fitness routine or are training for a specific goal, try our Individualized Training Plan!

- Individual Training plans include:
 - 30-Minute Consultation to talk about your overall fitness goals.
 - Customized 4–6-week fitness plan.
 - A 45-minute session with your trainer to go over your fitness plan.



GROUP TRAINING

Groups of 2-4

Add additional motivation and accountability to your routine with Group Personal Training. Building group training sessions into your weekly workout routine will give you a structured foundation from which to build strength, lose weight or tone your body. Just like one-on-one personal training, group training sessions hold you accountable for turning up and putting 100% effort into your workout.

INDIVIDUAL TRAINING

MONTHLY SESSIONS

	8 sessions	12 Sessions	16 Sessions
30 Minutes	\$280	\$360	\$400
45 Minutes	\$400	\$540	\$640

SINGLE SESSIONS

Session Length	Cost
30 Minutes	\$37
45 Minutes	\$55
60 Minutes	\$70

INDIVIDUAL TRAINING PLAN - \$95

GROUP TRAINING

MONTHLY SESSIONS

	8 sessions	12 Sessions	16 Sessions
30 Minutes	\$196	\$252	\$280
45 Minutes	\$280	\$378	\$448

SINGLE SESSIONS

Session Length	Cost
30 Minutes	\$26
45 Minutes	\$39
60 Minutes	\$49

GROUP TRAINING
*2-4 PARTICIPANTS
*PRICES LISTED ARE PER PERSON

Name: _____ Date: _____ Date of birth: _____



Training History

1. Have you used a personal trainer in the past? (circle one) Yes/No

2. What are you looking to gain from your training sessions?

3. What day(s) of the week and time(s) of the day work best for you to complete your training sessions?

Physical Activity

1. Do you engage in any forms of regular physical activity? (circle one) Yes/No

If yes, describe: _____

List sports or activities you participate in: _____

2. Have you ever experienced any injuries that may limit your physical activity? (circle one) Yes/No

If yes, describe: _____

3. Do you have any physical activity restrictions? If so, please list: _____

Motivation

1. How motivated are you to begin or continue your fitness journey? (circle one, 1-not motivated, 10-extremely motivated) 1 2 3 4 5 6 7 8 9 10

2. What is the biggest motivation behind attaining a higher fitness level?

3. Do you have any specific fitness-related goals? (circle one) Yes/No If yes, please list them in order of importance. _____

Medical Information

1. How would you describe your present state of health? Very Healthy Healthy Unhealthy

2. Please list any medical conditions and/or medications that may impact physical activity, and list any important information about your condition:

2022 PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to all of the questions above, you are cleared for physical activity.

Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.

- Start becoming much more physically active – start slowly and build up gradually.
- Follow Global Physical Activity Guidelines for your age (<https://www.who.int/publications/i/item/9789240015128>).
- You may take part in a health and fitness appraisal.
- If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
- If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.

Delay becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

2022 PAR-Q+

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c If **NO** go to question 2

- 1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO
- 1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? YES NO
- 1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? YES NO

2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b If **NO** go to question 3

- 2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? YES NO
- 2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? YES NO

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d If **NO** go to question 4

- 3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO
- 3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) YES NO
- 3c. Do you have chronic heart failure? YES NO
- 3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? YES NO

4. Do you currently have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b If **NO** go to question 5

- 4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO
- 4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure) YES NO

5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e If **NO** go to question 6

- 5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES NO
- 5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. YES NO
- 5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? YES NO
- 5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES NO
- 5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES NO

2022 PAR-Q+

6. Do you have any Mental Health Problems or Learning Difficulties? This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome

If the above condition(s) is/are present, answer questions 6a-6b If **NO** go to question 7

6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? YES NO

7. Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure

If the above condition(s) is/are present, answer questions 7a-7d If **NO** go to question 8

7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? YES NO

7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? YES NO

7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES NO

8. Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia

If the above condition(s) is/are present, answer questions 8a-8c If **NO** go to question 9

8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES NO

8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES NO

9. Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event

If the above condition(s) is/are present, answer questions 9a-9c If **NO** go to question 10

9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

9b. Do you have any impairment in walking or mobility? YES NO

9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES NO

10. Do you have any other medical condition not listed above or do you have two or more medical conditions?

If you have other medical conditions, answer questions 10a-10c If **NO** read the Page 4 recommendations

10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? YES NO

10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES NO

10c. Do you currently live with two or more medical conditions? YES NO

**PLEASE LIST YOUR MEDICAL CONDITION(S)
AND ANY RELATED MEDICATIONS HERE:**

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

2022 PAR-Q+

 **If you answered NO to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:**

-  It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
-  You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
-  As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
-  If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

 **If you answered YES to one or more of the follow-up questions about your medical condition:**

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+** at **www.eparmedx.com** and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

 **Delay becoming more active if:**

-  You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at **www.eparmedx.com** before becoming more physically active.
-  Your health changes - talk to your doctor or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____

DATE _____

SIGNATURE _____

WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact

www.eparmedx.com
Email: eparmedx@gmail.com

Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). Health & Fitness Journal of Canada 4(2):3-23, 2011.

Key References

1. Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(51):S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(51):S266-s298, 2011.
3. Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. British Columbia Medical Journal. 1975;17:375-378.
4. Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). Canadian Journal of Sport Science 1992;17:4 338-345.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.

TRAINING AGREEMENT

Monthly Training

I acknowledge that my credit card will be billed _____ on _____ of each month for _____ sessions on a recurring basis for my Monthly Training Plan. I acknowledge that beyond 15 days of the activation date, no refunds, credits, or exchanges will be permitted. I also hereby authorize AdvantageHealth Corporation to charge my account for my monthly training services, any purchased services, and fees.

Single Sessions

Session Length _____ Number of Sessions _____

Appointment Cancellation Policy: A 24-hour advance notice is required if canceling a personal training appointment. AdvantageHealth reserves the right to retain 100% of the session fee if sufficient notice is not given. Trainers and clients schedule their own appointments.

Day Money Back Guarantee: If for any reason you are not completely satisfied with your Personal Training experience within the first 15 days, a full refund is given with a written or e-mail cancellation. After the 15 Day Money Back Guarantee, sessions are non-refundable. Sessions are transferrable to another Pivot Fitness Center Member.

Expiration Date of Training Sessions: For package sessions, If you purchase 1 session or 4 sessions, there will be a 3-month expiration from the date of purchase. If you purchase 8 sessions or 12 sessions, there will be a 6-month expiration from the date of purchase. Month-to-Month sessions expire on the subscription renewal date.

First Session: The majority of a client's first session may be a consultation and/or fitness assessment with the trainer. This consultation is designed to set goals, learn more about the client and provide education.

Medical Release: After reviewing a client's health history and/or any fitness assessment results, it may be determined that a medical release is required before personal training can continue.

Exercise Safety: The client certifies that all answers to questions in the health history and PAR-Q are true and complete to the best of their knowledge. It is the client's responsibility to notify the trainer of any changes in their health which might affect my ability to exercise safely, as well as monitor their own physical condition throughout any sessions, and if any unusual symptoms occur, to discontinue activity and notify the trainer. The client can refuse to participate in any activity that they do not wish to do at any time during their personal training session.

Waiver: I acknowledge I have signed a Waiver of Liability and Hold Harmless agreement when I joined the Pivot Fitness Center, and I understand the inherent risks in participating in a program of strenuous exercise including, but not limited to, abnormal blood pressure, muscle soreness, fainting, heart attack or death.

Outside Personal Trainers: No outside trainers or coaches are allowed to use the facilities.

Evaluation: Once you have completed your sessions, you may be asked to complete a brief evaluation to determine quality of the services rendered by the personal trainer.

I certify that I have fully read and understand the policies and terms of this agreement and will comply with the contents herein. I assume all risk for my health and I know that I may discontinue training at any time without a refund.

Client Name (printed) _____

Staff _____ Location _____

Client Signature _____