

**QUESTIONNAIRE AND WAIVER FORMS**

Please contact scott@fitnessliberty.com if you have any questions

Thank you for choosing us, *Fitness Liberty*, to help guide you on your journey! We are really excited to help you out! Please take your time filling out this questionnaire as the more information you are able to provide us, the better we will be able to help you.

\*\*\* By filling out this questionnaire, you agree to the terms set forth in the Fitness Liberty Waiver Form \*\*\*

\*\*\* We will also need THREE (3) progress pictures sent along with this questionnaire and waiver form document. (1) from the front, (1) from the side and (1) from the rear.

**START OF QUESTIONNAIRE**

**Name**:

**Address**:

**Email**:

**Cell Phone**:

**Career and Working Hours (please fill out as we need to determine activity level outside of planned exercise)**:

**Height:**

**Weight**:

**Age**:

**Birthday**:

**Were you referred by anyone? If so, what is their name?**

**What would you like to achieve while working with Fitness Liberty?**

**What has made you decide to seek out the advice of a coach?**

**What are your short term goals (12-24 weeks)?**

**What are your long term goals (24+ weeks)?**

**What motivates you?**

**On a scale of 1 to 10, how committed are you to seeing this change through?**

**Recently have you been dieting? If so, please explain the diet. Where did you find the diet? Who set it up? What did the diet involve? How long ago were you on this diet? (if you have a screenshot of this diet, please attach this in your email)**

**What does your current diet look like? Please be specific. Are you eating a consistent amount day to day? Are you currently tracking calories / macros? If so, what is your daily calorie / macro intake?**

**If you do not know your current calorie intake, can you please list for me your typical breakfast, lunch, dinner, snacks and drinks?**

**Breakfast**:

**Lunch**:

**Dinner:**

**Snacks**:

**Drinks**:

**If you are not tracking macros / calories, are you aware that this program will require you to do so via a notepad, MyFitnessPal, MyMacros or another app**?

**We create a sample day of eating for all client. What are some of the food sources that you would like to see in there and that you enjoy (these could even be fun foods)**?

**How many meals per day do you see yourself eating**?

**What are your currently drinking day to day? (examples: coffee with or without sugar, water, pop, beer, tea, etc**)

**Have you worked out before? If so, what type of training do you usually do? How long have you been working out? How long do your training sessions usually last**?

**If you are currently working out, what body parts are you working on what days? How many exercises per muscle group? How many sets per exercise? How many reps per set? (If you have a training log, please attach it in the email)**

**How familiar / comfortable are you with the compound movements? (Please rate 0-10**)

**Squat:**
**Bench:**
**Deadlift**:
**Barbell Row**:
**Overhead Press**:

**How much cardio are you doing right now and how long have you been at that amount? If we opt to do cardio, what is the best time for you to complete it**?

**Do you have a gym membership? If so, where at? If not, where are you planning on working out? If you are planning to workout at home, we will need pictures of your equipment sent to us**.

**When are you available to exercise? What days and what time of day? What days do you want off? Please give us a weekly schedule below**:

**Monday**:
**Tuesday**:
**Wednesday**:
**Thursday**:
**Friday**:
**Saturday**:
**Sunday**:

**What time do you go to sleep and wake up on average**?

**Medical History and Health Risk Factors (please highlight all that apply**):

Smoke or Chew Tobacco 20+ pounds overweight Little to no exercise in 6 months

Diagnosed Heart Problem High Blood Pressure Diagnosed Stroke

Diabetes Type 1 Diabetes Type 2 Family History of Health Problems

**Please provide details if you checked any of the above**:

**Please list any surgeries and / or major injuries**:

**Do you currently drink alcohol? If so, please tell me how much you are drinking**.

**Please provide me a list of any medications you are currently taking**, **how long you have been taking them, and what the major side effects are**:

**Please provide me a list of any dietary supplements you are currently taking**:

**Do you feel that you have any limitations not already listed that may need to be considered prior to you beginning and fully participating in this program? If yes, please explain**.

**Please provide us with a little background about yourself. What are your fitness goals? Where do you see yourself heading in the near future? What motivates you? Where did you grow up? What challenges have you faced? (These are just sample questions**).

**LIABILITY AND DISCLAIMER**

I certify that the information provided above is true. I understand that by undertaking a program comprised of cardiovascular and resistance training there are certain inherent risks involved. I acknowledge that these risks I will be undertaking are the results of my voluntary desire to improve my current level of training and fitness. I cannot and will not hold any member of Fitness Liberty liable for damages or injuries as the result of this agreement. Any pictures submitted to Fitness Liberty are for the sole purpose of setting and maintaining a coaching plan. Fitness Liberty will not use or distribute any of the pictures (i.e. marketing, website, social media, etc.) without the express written permission of the individual in the picture. I acknowledge and understand that the members of Fitness Liberty are not doctors, nor are they licensed dietitians, and I waive my liability and responsibility of my nutrition from Fitness Liberty.

Signature:

Date:

\*\*\*You may sign this document electronically by placing your name in between two forward slashes. EXAMPLE: /John Doe/\*\*\*