

NEW CLIENT INVENTORY



Date: _____

First Name: _____ Last Name: _____

Address : _____ City: _____

State: _____ Zip: _____ Email: _____

Phone {home}: _____ Phone {cell}: _____

Preferred way to contact you? Email / Cell / Home Best time to reach you? _____

PERSONAL INFORMATION

Age/DOB: _____ Gender: M F Height: _____ Weight _____ Resting HR: _____

Marital Status: Single Married Divorced Widowed

Children: Yes / No Occupation: _____

Current Stress Level: 0 1 2 3 4 5 6 7 8 9 10

Hours/week at work: _____ Do You Travel for Work: Y N

How did you hear about Zeren PT & Performance? _____

HEALTH HISTORY

Have you or anyone in your family had coronary artery disease? Y N

Do you often feel faint or have spells of severe dizziness? Y N

Do you ever have chest, shoulder, neck, or arm pains after exercise? Y N

Have you ever fainted, felt dizzy, or unusually winded after exercise? Y N

Are you diabetic, have a thyroid condition, or any chronic condition? Y N

Explain: _____

Are you using any medications? Y N

List: _____

Is your cholesterol level high? Y N Cholesterol Count: _____

Have you ever had a complete physical exam including stress test on a treadmill or ergometer? Y N

Do you have any condition that a doctor says may limit your exercise? Y N

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Have you ever smoked? Y N If yes, when did you quit? _____

Have you ever had a joint or back disorder or any current injury? Y N

Please explain: _____

Please list any injuries/surgeries that you've had in the past 3 years.

ATHLETIC HISTORY

List your past sports and years of participation

Do you currently have a strength and conditioning program or do you cross train in the "off" season? (describe)

Are you familiar with free weight exercises? Y N

CURRENT ATHLETICS

Primary Sport: _____

Have you planned what races you will compete in for next season? If so, please list with dates and in priority:

- | | |
|----------|-------------|
| A. _____ | Date: _____ |
| B. _____ | Date: _____ |
| C. _____ | Date: _____ |
| D. _____ | Date: _____ |
| E. _____ | Date: _____ |

Describe your three most important goals? (in order of importance)

1. _____
2. _____
3. _____

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What is your training week like now (Type, duration, intensity)?

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Is the training schedule listed above high, normal, or low for you?

What is your longest workout in the last 3 weeks? 1hr 2hr 3hr 4hr 5+hrs

In reality, how many weekly hours do you have available to train?

0-2 2-4 4-6 6-8 8-10 10-12 12-14 14-16 16-18 20+

Which day(s) is best for you to take off from training? M T W Th F Sat Sun

What time of day do you expect to do most of your training during the work week? _____

Do you have a stationary trainer? Y N Rollers? Y N

Do you ever train with a group? Y N

Do you own a heart rate monitor? Y N Are you familiar with HR training? Y N

Do you train with a power meter?: Y N

What is the highest HR you've observed during exercise in the last year? _____

Do you know your current lactate threshold heart rate/wattage?: _____

Please list and describe how it was determined: _____

Signature: _____ Date: _____

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PAYMENT

Your coaching payment can be made through credit card or PayPal. Each payment occurs every 4 weeks.

Please indicate your coaching option and your start date. If you do not know your start date please leave this blank.

		Check Box	Start Date
Triathlon Coaching	Performer \$225 + \$50 start up fee		
	PR \$300 + \$50 start up fee		
	Podium \$375 + \$50 start up fee		
Run Coaching	Performer \$200 + \$50 start up fee		
	PR \$250 + \$50 start up fee		
	Podium un \$300 + \$50 start up fee		

Zeren Performance reserves the right to increase its coaching rates from time to time to ensure we position ourselves to deliver the best possible experience for our athletes. We will provide clients with written notice 28 days in advance of doing so. Clients who choose to continue their training will be charged the increased dues in the next 28 day billing cycle after the increase has been implemented.

CREDIT CARD

To make credit card payments easy, we ask that you provide us the information below. Once we have processed your first payment we will shred this document and save your information on a secure HIPAA compliant payment system (Sage Terminal). By signing below you are acknowledging that you have read this and have give Zeren PT permission to use this information for the sole purpose of billing you for services rendered. Thank you for trusting your coaching needs to us.

Name: _____ Billing Address: _____

Email: _____ Phone: _____

Credit Card: _____ Expiration: _____ CV: _____

Signature: _____

PAYPAL

Invoices will be sent out every 4 weeks. Payment is due upon receipt. Thank you.

Corresponding PayPal Email: _____

First Name: _____ Last Name: _____

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WAIVER, RELEASE OF LIABILITY, AND CONSENT

In consideration of my participation in a Sports/Running performance training program of Zeren PT LLC (the "Facility"), I agree to be bound by each of the following:

1. Voluntary Participation. I understand and confirm that my participation is voluntary.
2. Obligation. I agree that prior to or during participation, I shall inspect the Facility and equipment to be used. If I believe anything is unsafe, I will immediately advise the Facility of such unsafe condition(s) and shall not use the Facility or any such equipment.
3. Identification of Risks. I understand that my participation in performance coaching involves risk of significant injury, disability and death. In addition to the risks of new injury, I further understand that physical exertion associated with participation can activate or aggravate pre-existing physical injuries, conditions, symptoms or congenital defects.
4. Assumption of Risk. I have sought the advice of a physician prior to participating in the program. I am physically and psychologically ready to participate and assume all risks, known or unknown, foreseeable and unforeseeable, connected with my participation in a program of the Facility. I accept personal and full responsibility for any liability, injury, loss, or damage in any way connected with my participation and use of the equipment in the Facility. If I have any physical limitations, my physician is aware of them or I will notify him/her that I am participating in this program of the Facility. I have discussed any such limitations with my physician and understand them. Regardless of any health condition that may limit my participation, known or unknown, at any time, this Waiver and Release of Liability will apply to my activities related to performance coaching.
5. Waiver and Release. I FOREVER WAIVE, RELEASE AND DISCHARGE Zeren PT LLC, and any affiliated organizations and any employees, agents, successors, and assigns thereof, from all claims for any liability, injury, loss, or damage in any way connected with my participation in a program of the Facility or from the use of and equipment of the Facility, whether or not caused in whole or part by the negligence of any of the organizations or individuals mentioned above. I intend for this waiver and release also to apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns who might pursue any legal action or claim for such liability, injury, loss, or damage. I WILL INDEMNIFY AND HOLD HARMLESS the Facility and any affiliated organizations and any employees, agents, successors, and assigns thereof from any and all claims, demands, rights, cause of injury, damages to property, actions, causes of action, any and all liabilities, and the consequences thereof, whether known or unknown, in law or equity, resulting in any way or in any way connected to my use of the Facility or my use of the equipment therein, and I covenant not to sue for any resulting injuries or damages.
6. Medical Treatment. I understand that my participation is not related in any way to the provision of Physical Therapy or other services offered by Zeren PT LLC. I agree that Zeren PT LLC, or any representative thereof, may, but has no duty to, provide to me, through medical personnel of its choice, customary medical or training assistance, transportation, and emergency medical services. This waiver and release does not impose a duty upon the Facility or its affiliated organizations or their employees, agents, or successors to provide such assistance, transportation or services. I understand that it is my obligation to obtain health and any other insurance appropriate in connection with my use of the Facility. I agree to otherwise be responsible for and indemnify Facility, its employees, agents, successors, and assigns from all medical expenses incurred in connection with my use of the Facility.
7. Applicable Law/Venue Selection. I understand and agree that this Waiver and Release of Liability shall be

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governed by and construed in accordance with the laws of the State where the Facility is located, that any action arising hereunder may be brought only in a court of competent jurisdiction in the county where the Facility is located, and I hereby consent to such exclusive jurisdiction.

8. Severability. I understand that this Waiver, Release of Liability and Consent to Medical Attention is intended to be as broad and inclusive as permitted by law and that if any portion hereof is held invalid, I agree that the balance shall continue in full legal force and effect. I further agree that if this waiver and release is not valid, it shall be construed as a covenant not to sue.

I HAVE READ, UNDERSTOOD, AND AGREE TO THIS WAIVER, RELEASE, AND CONSENT AND UNDERSTAND AND CONFIRM THAT I HAVE GIVEN UP SUBSTANTIAL PRESENT AND FUTURE LEGAL AND EQUITABLE RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE, AND CONSENT VOLUNTARILY. MY SIGNATURE BELOW IS PROOF OF MY INTENTION TO EXECUTE A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY TO THE FULLEST EXTENT OF THE LAW.

[signatures on following page]

Signature Printed Name Date

SIGNATURES OF PARENT/S OR LEGAL GUARDIAN/S (AS MAY BE APPLICABLE) ARE ALSO REQUIRED FOR ANY PERSON SIGNING THIS FORM WHO IS UNDER EIGHTEEN (18).

Signature Printed Name Date

Signature Printed Name Date

First Name: _____ Last Name: _____