

# LEX BANNISTER FITNESS/ PT SERVICE AGREEMENT



**LEX BANNISTER, LLC**  
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Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Phone #: \_\_\_\_\_

How did you hear about Lex Bannister Fitness?

Referred by: \_\_\_\_\_  
Other: \_\_\_\_\_

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

- Y N 1. Have you ever been diagnosed with a heart condition?  
Y N 2. Do you experience chest pain brought on by physical activity?  
Y N 3. Do you often feel light-headed or dizzy when exercising?  
Y N 4. Do you have any bone or joint problems?  
If yes, please explain: \_\_\_\_\_  
Y N 5. Do you have high blood pressure?  
Y N 6. Are you taking any medications that could affect you during exercise?  
If yes, what medication? \_\_\_\_\_  
Y N 7. Are you pregnant or nursing?  
Y N 8. Are you aware of ANY existing medical condition/s and/or physical impairment  
that may prevent you from participating in any fitness program?  
Y N 9. If you answered "YES" to any question above, have you consulted your  
physician regarding a fitness evaluation and/or increased physical activity?  
Initials \_\_\_\_\_  
Y N 10. If you answered "Yes" to question # 8, you must consult your physician prior to  
participating in a fitness evaluation and/or increase in physical activity.  
Initials \_\_\_\_\_

**(FOR OFFICE PERSONNEL USE ONLY- PLEASE LEAVE BLANK)**

Total Payment: \$ \_\_\_\_\_ Pkg A \_\_\_\_\_ Pkg B \_\_\_\_\_ 1-on-1 PT \_\_\_\_\_ NP \_\_\_\_\_

Payment Date: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Misc. Notes: \_\_\_\_\_

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## TERMS AND CONDITIONS:

Lex Bannister Fitness and its representatives recommend seeking the advice and/or clearance from your health care provider before beginning any fitness training and/or nutrition program.

1. **Payment:** Due upon registration. Payments can be made by cash or check. Checks should be made payable to Lex Bannister Fitness. Any returned checks are subject to a \$35.00 returned item fee. Scheduling is on a first come, first serve basis. No refunds or cancellations after the commencement of the first session.
2. **Commitment:** Total commitment is required in adhering to the guidelines both in and out of the program. This includes workshops and completing unsupervised activities recommended as part of your personal fitness program.
3. **I Agree:** Lex Bannister Fitness is permitted to use assessment data, pictures, testimonials, etc. for promotion purposes such as but not limited to advertising, sales and promotions, referrals, etc. at any time without written permission and/or financial compensation of any kind for income generated from such.

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

Guardian/Parent Signature (required if client is under 18): \_\_\_\_\_

## CONSENT AND RELEASE

I, \_\_\_\_\_ (*print participant's name*), am voluntarily participating in this program. I know that participation in any type of training, nutrition, flexibility and aerobic/anaerobic program has inherent risk of injury or even death. It is my responsibility to follow instructions for any activity or use of equipment and to seek assistance from the instructor if I have any questions. I am physically fit and am not suffering from any health or medical condition, physical impairment, disease, infirmity, illness and/or other condition that would limit my participation in any program. I properly informed Lex Bannister Fitness and its representatives of any and all of my existing medical conditions and/or limitations, and prior to participating in any program I will provide Lex Bannister Fitness a physician's medical release, should I have any existing medical conditions. I will inform Lex Bannister Fitness immediately if I need medical attention.

In consideration of being permitted to participate in this program, I hereby release, discharge, indemnify, defend, and hold harmless Lex Bannister, LLC, Lex Bannister Fitness, and each of those respective entities' directors, members, officers, agents, volunteers, legal representatives, successors, heirs, and assigns from any liability for any personal injury, death, or property loss or damage sustained by me or a third party in connection with and/or resulting from my participation in any and all activities in connection with Lex Bannister Fitness fitness programs within or outside of the Lex Bannister Fitness facilities, including those caused by the negligent act of omission of any of those above-mentioned or others acting on their behalf. I also hereby release all those mentioned, and any others action upon their behalf with respect to liability arising out of/ or connected with my participation in any activities of Lex Bannister Fitness.

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

Guardian/Parent Signature (required if client is under 18): \_\_\_\_\_

Witness (Lex Bannister Fitness): \_\_\_\_\_ Date: \_\_\_\_\_