Resonance Personal Training — Client Intake Form

Name: _____ **Date:** _____

Occupation: _____ **DOB:**_____

Address: _____

Phone: _____ **Email:** _____

1. What are your primary fitness goals?

□ Build muscle / strength
□ Lose weight / burn fat
□ Improve posture & mobility
□ Increase endurance / stamina
□ Injury rehabilitation / prevention
□ General health & wellness

2. What time frame are you looking at to achieve these goals?

□ 1–3 months
□ 3–6 months
□ 6–12 months
□ Ongoing lifestyle change

3. How many training sessions per week are you aiming for?

□ 1 session per week
□ 2 sessions per week
□ 3 sessions per week
□ 4 or more sessions per week

4. What is your current activity level?

□ Sedentary (little to no exercise)
□ Lightly active (1–2 workouts per week)
□ Moderately active (3–4 workouts per week)
□ Very active (5+ workouts per week

5. What is your preferred training time?

□ Morning (6–10 AM)
□ Midday (10 AM–2 PM)
□ Afternoon (2–5 PM)
□ Evening (5–8 PM)

6. Any health concerns or injuries I should know about?

□ None
□ Back / spine issues
□ Knee / joint issues
□ Heart / blood pressure concerns
□ Other: _____

7. What kind of equipment do you prefer to work with?

□ Dumbbells
□ Barbells
□ Cables / machines
□ Kettlebells
□ Bodyweight exercises
□ Other: _____

8. What is your current experience level in the gym?

□ Beginner (little to no experience)
□ Intermediate (some experience, familiar with most equipment)
□ Advanced (consistent training and confident with all equipment)

9. On a scale of 1 to 5, how motivated are you to achieve your fitness goals?

□ 1 – Not motivated at all
□ 2 – Slightly motivated
□ 3 – Moderately motivated
□ 4 – Very motivated
□ 5 – Extremely motivated

10. Do you have a monthly budget to help you attain these goals?

□ Yes, $100–$300
□ Yes, $300–$500
□ Yes, more than $500
□ No budget at the moment

Physical Activity Readiness Questionnaire (PAR-Q)

Please check YES or NO for each question.

1. Have you been diagnosed with a heart condition?
□ Yes □ No

2. Do you have high blood pressure?
□ Yes □ No

3. In the past month, have you had chest pain when you were not doing physical activity?
□ Yes □ No

4. Do you lose your balance because of dizziness, or do you ever lose consciousness?
□ Yes □ No

5. Do you have a bone or joint problem (for example: back, knee, or hip) that could be made worse by a change in your physical activity?
□ Yes □ No

6. Is your doctor currently prescribing drugs (for example: water pills) for your blood pressure or heart condition?
□ Yes □ No

7. Do you know of any other reason why you should not do physical activity?
□ Yes □ No

If you answered YES to one or more questions:
Please consult your doctor before becoming more physically active.

Resonance Personal Training — Liability Waiver

1. Acknowledgement of Independent Ownership

I understand that **Resonance Personal Training** is independently owned and operated.

Initial: _____

2. Facility Ownership

I acknowledge that **Ikaika Fitness** is a separate business entity and is not responsible for any actions, services, or advice provided by Resonance Personal Training.

Initial: _____

3. Assumption of Risk

I understand that participation in exercise programs, classes, and activities — including the use of weights, cardiovascular equipment, and other fitness apparatus — involves inherent risks of injury. I voluntarily assume full responsibility for any and all injuries, damages, or losses that may occur as a result of participation.

Initial: _____

4. Medical Clearance

□ I have no known medical conditions that would prevent me from safely participating in exercise.

□ I have a medical condition and have received clearance from my physician.

Initial: _____

5. Release of Liability

I hereby release and discharge **Resonance Personal Training** and **Ikaika Fitness** from any and all claims, demands, and causes of action arising from my participation in personal training sessions, whether caused by negligence or otherwise.

Initial: _____

Emergency Contact:_____ **Phone:_____**

Signature: _____ **Date: _____**