



CLIENT INFORMATION

Full Legal Name (+ preferred name): _____

Parents first and last Name: (for minor) _____

Age: _____ Birthdate: _____

USA Triathlon Membership number: (if available): _____

USA Cycling Membership number (if available): _____

Address: _____

City, State, Zip Code: _____

Cell Phone: _____

Home Phone: _____

E-mail address: _____

Medical Conditions? _____

(use 2nd sheet of paper if further detail required)

The section below is a physical activity readiness questionnaire. Please read the questions carefully and answer each one honestly. Check either yes or no.

YES

NO

Has your doctor ever said that you have a heart condition and/or that you should only do physical activity recommended by a doctor?

Do you feel pain in your chest when you do physical activity?

In the past month, have you had chest pain when you were not doing physical activity?

Do you lose your balance because of dizziness or do you ever lose consciousness?

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?

Is your doctor currently prescribing drugs for your blood pressure or heart condition?

Do you know of any other reason why you should not do physical activity?

*I have read, understood, and completed this questionnaire completely and honestly.
Any questions I had were answered to my full satisfaction.*

Athlete: _____
(Printed Name) (Signature) (Date)

(if under 18, signature also required of Parent or Legal Guardian)

Parent: _____
(Printed Name) (Signature) (Date)



Code of Conduct

I pledge to uphold the spirit of this Athlete Code of Conduct which offers a general guide to my conduct as a member of the PEAK Multisport Team.

I will act in a sportsman like manner. I will treat my teammates, competitors, parents, coach, children and race officials with respect, dignity, and appreciation. I will provide support through positive language and gestures. I will engage in no form of discriminatory behavior including physical or verbal abuse.

I will always give my maximum effort at each practice and race.

I will use appropriate language and avoid using profanity.

I will always compete within the rules of my national governing body. If I am not able to compete within the rules of my national governing body, I will voluntarily alert an official or disqualify myself.

I will respond to both success and failure with dignity, respect, and a perspective of learning from each experience.

I will not use illegal substances or performance enhancing drugs.

I will not abuse Alcohol or Tobacco

By Signing this Code of Conduct, I agree to abide by the policies above. I understand that failure to abide by these policies could result in immediate expulsion from the team.

Athlete:

(Printed Name) *(Signature)* *(Date)*

(if under 18, signature also required of Parent or Legal Guardian)

Parent:

(Printed Name) *(Signature)* *(Date)*



PEAK Multisport Release of Liability

I understand and am aware that the sport of triathlon including but not limited to the activities of running, bicycling, swimming in a pool or open body of water, strength training, flexibility, and any other related activity is potentially hazardous. I understand these activities involve risk of injury and even death. I am voluntarily participating in these activities with the knowledge of the dangers involved and I hereby agree to expressly assume and accept all risks of injury or death.

initial _____

In consideration of being allowed to participate in the activities, programs and direction of PEAK Multisport LLC and/or use of it's facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge PEAK Multisport LLC and it's officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities of PEAK Multisport LLC or the use of any equipment provided by PEAK Multisport LLC.

initial _____

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any activity mentioned above or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise / fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Athlete:

(Printed Name)

(Signature)

(Date)

(if under 18, signature also required of Parent or Legal Guardian)

Parent:

(Printed Name)

(Signature)

(Date)

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation ,or that of the minor, in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim. I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Club Name: **PEAK Multisport**

Printed Name of Participant: _____

Participants Signature: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Date: _____

Below section must be completed by Parent/Guardian for any participant under the age of 18.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Signature indicates you have read and agree to this release

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Date: _____

Media Consent Form

PEAK Multisport LLC

- this form is optional and not required -

I, (client name) _____ allow PEAK Multisport LLC, it's officers, agents, employees, representatives, executors, and all others to use my likeness (photographs) and my personal information pertinent to fitness training and coaching such as but not limited to weight loss, muscle gain, fitness improvements, race results, body fat composition and lean body weight for the purpose of advertising via print, internet, TV, radio or verbal communication. I hereby discharge PEAK Multisport LLC, it's officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries, damages, physical harm, or any unlawful action resulting from use of this information. I do also hereby release all of those mentioned and any others acting on their behalf, or in any way arising out of or connected with PEAK Multisport LLC from any responsibility or liability as mentioned above.

Athlete:

(Printed Name)

(Signature)

(Date)

(if under 18, signature also required of Parent or Legal Guardian)

Parent:

(Printed Name)

(Signature)

(Date)

Lifestyle Information Form
PEAK Multisport LLC

Name: _____ Date: _____

Physical Activity:

In the past year, how often have you been engaged in physical activity?

- Daily (4 - 6 times per week)
- Regularly (3 - 4 times per week)
- Semi regularly (1 - 2 times per week)
- sporadically (1 -2 times per month)
- none

What type of physical activity do you consider fun? _____

what are your personal barriers to exercise? (i.e.. Your reasons for not exercising)

What physical activities have you been successful with in the past? (liked and participated in regularly)

How do you think your weight affects your daily activity? _____

Support

Do you feel any family, friends, or co-workers have negative feelings toward your efforts at physical activity?

Is your significant other or a close friend involved in any regular physical activities?

Occupation / Leisure

What is your present occupation? _____

Does your occupation require much activity? (i.e. walking, carrying things, etc)

What are your leisure activities? _____

Lifestyle Information Form - page 2

Name: _____ Date: _____

Stressors

What types of things make you feel stressed? _____

How do you deal with your stress normally? _____

Dietary patterns

How many meals and or snacks do you have per day? _____

What would you estimate your caloric intake per day? _____

Do you feel you eat healthy "most of the time?" _____

Expectations

Specifically describe what you would like to accomplish through your fitness program during the next:

1 month _____

4 months _____

1 year _____

Exercise History and Attitude Questionnaire

PEAK Multisport LLC

Name: _____ Date: _____

General Instructions: Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS; ask your trainer for assistance.

Please Rate your exercise level on a scale of 1 to 5 for each age range through your present age:
(0 indicating no exercise and 5 indicating very strenuous)

15 - 20 _____ 21 - 30 _____ 31 - 40 _____ 41 - 50 _____ 51+ _____

Were you a high school and/or college athlete? YES NO

If yes, please specify _____

Do you have any negative feelings toward, or have you had any bad experience with, physical activity programs? YES NO

if yes, please explain: _____

Do you have any negative feelings toward, or have you had any bad experience with fitness testing and evaluation? YES NO

If yes, please explain: _____

Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest)

Circle the number that best applies:

Characterize your present athletic ability:

1 2 3 4 5

When you exercise, how important is competition?

1 2 3 4 5

Characterize your present cardiovascular capacity:

1 2 3 4 5

Characterize your present muscular capacity:

1 2 3 4 5

Characterize your present flexibility capacity:

1 2 3 4 5

Do you start exercise programs but then find yourself unable to stick with them? YES NO

How much time are you willing to devote to an exercise program?

minutes per day: _____ days per week: _____

Exercise History and Attitude Questionnaire - page 2

Name: _____ Date: _____

Are you currently involved in regular endurance (cardiovascular) exercise?

YES NO

If yes, specify type(s) of exercise _____

minutes per day: _____ days per week: _____

Rate your perception of the exertion of your exercise program. (circle the answer)

Light Fairly light Somewhat hard Hard

How Long have you been exercising regularly? months: _____ years: _____

what other exercise, sport, or recreational activities have you participated in?

In the past 6 months: _____

In the past 5 years: _____

Can you exercise during your work day? (ex: lunch time)

YES NO

Would an exercise program interfere with your job?

YES NO

Would an exercise program benefit your job?

YES NO

What types of exercise interest you?

walking	_____	Jogging	_____
Cycling	_____	Traditional Aerobics	_____
Stationary Bike	_____	Elliptical striding	_____
Swimming	_____	Racquet Sports	_____
Strength Training	_____	Yoga / Pilates	_____

Other (please specify) _____

Exercise History and Attitude Questionnaire - page 3

Name: _____ Date: _____

What do you want exercise to do for you?

Rate each goal listed below on a scale of 1 to 10:
(1 being "not at all important" and 10 being "extremely important")

Improve cardiovascular fitness:	_____
Body fat weight loss:	_____
Reshape or tone my body:	_____
Improve performance for a specific sport:	_____
Improve Moods and ability to cope with stress:	_____
improve flexibility:	_____
Increase strength:	_____
Increase energy level:	_____
Feel better:	_____
enjoyment:	_____
Other:	_____

(please specify) _____

By how much would you like to change your current weight?

(+) Lbs _____ (-) Lbs _____

Equipment - Other Questionnaire

PEAK Multisport LLC

Do you own a heart rate monitor?

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
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What is the highest heart rate you have noticed while:

running _____ cycling _____ other _____

Please check off the equipment that you own or have access to:

Road Bike	_____	Free weights	_____
Triathlon Bike	_____	cords / strength bands	_____
Mountain Bike	_____	Kickboard / pull buoy	_____
Bike Power Meter	_____	Steep short hill	_____
Indoor Bike Trainer	_____	Long moderate hill	_____
Bike Computer	_____	Open water	_____
Running Track	_____	Treadmill	_____
Pool	_____	Inflatable exercise ball	_____

at the end of this month, how will you judge if your program is working?

At the end of this season, how will you judge if this program was successful?

Why do you train and compete in endurance sports? **(be honest !)**

Racing and Performance Goals

PEAK Multisport LLC

- this form is only required for those clients competing in endurance sports -

List below all the events you plan on possibly competing in this year. We understand this schedule is subject to change (in fact we may suggest you change it). Please notify us if this schedule does change.

High Priority Events (A-races)

These are the most important events of the racing season to you. There should only be a few of these because we will design your training schedule to taper and peak for them

<u>Date</u>	<u>Event</u>	<u>Distance(s)</u>	<u>Goal Time</u>
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Medium Priority Races (B- races)

These are events you want to do well in, but are not the focus of your season. We may rest for these events, but usually they will be thought of as race pace workouts to sharpen up for the high priority races.

<u>Date</u>	<u>Event</u>	<u>Distance(s)</u>	<u>Goal Time</u>
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Low Priority Events (C-races)

these events are of the least importance to you. They are fillers to your season and you will most likely compete for fun and for a good workout. Do not include too many of these events as they might detract from your focus events.

<u>Date</u>	<u>Event</u>	<u>Distance(s)</u>	<u>Goal Time</u>
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What is your number one goal for this season? (be specific)
