



Personal Training Intake & Informed Consent

Client Name: _____ DOB: _____

Fitness Information

Have you previously worked with a personal trainer or undergone any exercise programs?

Yes No If yes, please describe. _____

Please describe any activities that you currently participate in. _____

Do you have any pain or limitations with movement? _____

What are your primary fitness goals/expected outcomes?

- Pain Management Injury Recovery Postural Correction
 Improve Flexibility Increase Strength Other: _____

What types of activities do you prefer? _____

What types of activities do you dislike? _____

Informed Consent

I acknowledge that I am aware of the overall benefits and have been made aware of any general risks of working with a fitness professional, as well as any specific risks based on the information that I have provided. After discussion with the practitioner, I was given the opportunity to ask questions.

I understand that soreness may be experienced during and/or after the session. I understand that open and honest communication with my practitioner will facilitate better results and a more enjoyable experience.

I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be charged for 100% of the scheduled appointment.

I understand that services provided by Oasis Massage or its practitioners should not be considered a substitute for medical examination, diagnosis, or treatment. I acknowledge the importance of consulting a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware.

I acknowledge that my practitioner may utilize a variety of modalities during my sessions, including but not limited to massage and manual therapy, personal training, yoga, stretching, reiki, and/or other energy work. I understand that the specific modalities used may vary depending on the practitioner's training, expertise, and legal scope of practice.

I understand that fitness professionals are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

Having been informed, I understand and give my consent for the scheduled services today and ongoing, if applicable.

Client Signature: _____

Date: _____