Contact Information

(press tab to move to next field)

Name:       Date:

Address:

Phone:(h)       (c)      (w)

Primary email:       Alternative email:

Training Schedule

How many times per week do you typically run?

When do you typically run during the weekdays? mornings afternoons evenings

When do you typically run during the weekends? mornings afternoons evenings

Where do you typically run?

1)

2)

3)

What other sports/cross-training activities do you participate in and when?

Please list any other time, place, or scheduling considerations that may affect your running program.

Health History

|  |  |  |  |
| --- | --- | --- | --- |
| Age: | Gender: M F | Height: | Weight: |

1) Yes  No  Have you been hospitalized or had a serious illness in the last three years?

If Yes, why?

2) Yes  No  Are you being treated by a physician now?

If yes, for what?

Have you experienced:

3) Yes  No  Chest pain (angina)?

4) Yes  No  Shortness of breath?

5) Yes  No  Dizziness?

6) Yes  No  Seizures?

7) Yes  No  Joint pain?

If yes, where and when?

Do you have or have you had:

8) Yes  No  Heart disease?

9) Yes  No  Heart attack, heart defects?

10) Yes  No  Stroke, hardening of arteries?

11) Yes  No  High blood pressure?

12) Yes  No  Asthma?

13) Yes  No  Stomach problems, ulcers?

14) Yes  No  Family history of diabetes, heart problems, tumors?

15) Yes  No  Tumors, cancer?

16) Yes  No  Arthritis, rheumatism?

17) Yes  No  Diabetes?

1. Yes  No  Are you currently taking any drugs, medications, over-the-counter medicines, natural remedies? If yes, please list:

19) Yes  No  Do you have or have had any other diseases or medical problems NOT listed on this form? If yes please list below:

|  |
| --- |
|  |

Please list any pain or discomfort that you have recently experienced while running; sore knees, shin splints, low back pain, etc.?

|  |
| --- |
|  |

*To the best of my knowledge I have answered each question completely and accurately.*

Signature: Date:

# Running History and Goals

|  |  |
| --- | --- |
| **1) How long have you been running?** |  |

1. **Approximately how many days a year do you run?**

**10 - 100 100 – 200 200 - 300 300 – 365**

1. **On your running days, how many miles per day do you average?**

**1 – 3 4 – 6** **7 – 8** **8 – 10** **>10**

1. **What do you feel are your best performances and when did they occur? (races, longest run, etc)**

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| --- |
|  |

1. **What is your current running goal?**

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| --- |
|  |

**6) What is your long-term running goal?**

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| --- |
|  |

1. **In general how many days per week have you run in the last 2 months?**

**Average miles per day?**

1. **Please give a detailed account of all exercise you have done over the past week.**

**(Today) 1.**

**(Yesterday) 2.**

**3.**

**4.**

**5.**

**6.**

**7.**

##### Informed Consent

**Assumption of Inherent Risks:**

I understand that when one induces cardiovascular stress through activity, injuries can range from occasional minor injury (e.g. pulled muscles, muscle soreness) to infrequent serious injury (e.g. heart attack, stroke, or other cardiovascular accidents) to the very rare catastrophic incident (e.g. death, paralysis). Likewise, I know that engaging in muscular endurance, strength building, and other fitness activities occasionally results in minor injuries (e.g. bruises, musculo-skeletal strains and sprains), infrequently, more serious injuries (e.g. muscle tears, herniated disks, torn rotator cuffs), and very rarely, catastrophic injury (e.g. death, paralysis).

I realize that when participating in any exercise or conditioning activity, there is always a possibility that minor injuries, major injuries, or catastrophic injury/death may occur.

**Client Responsibilies:**

I understand that it is my responsibility to:   
1) fully disclose any health issues (including diabetes, heart problems, seizures, and asthma) or medications that are relevant to participation in a strenuous exercise program;   
2) inform the running coach or personal trainer if there are activities with which I do not feel comfortable;   
3) cease exercise and report promptly any unusual feelings (e.g. chest discomfort, nausea, difficulty breathing, apparent injury) during the exercise program; and   
4) clear my participation with my physician.

**Sharing client health/fitness information:**

I am aware of and allow information regarding my health and fitness to be shared between the members of the BRC network of whom I have or am currently working with. This transferring of information is only occurring between the BRC network members I know and have worked with in a one-on-one setting. This sharing of my personal information is to ensure the optimum level of services in regards to my health and progress. I may at any time restrict any or all members of the BRC network from accessing my personal information.

**Program Expiration:**

If I have registered for an internet coaching or one-on-one coaching program I have 2 years to complete this program before it expires.

**Waiver of Liability**In consideration of using the services of the Boston Running Center on behalf of myself, my heirs, personal representatives, or assigns, I do hereby release, waive, discharge, and covenant not to sue Boston Running Center, its owner, employees, contractors, volunteers, and agents, from liability from any and all claims arising from the ordinary negligence of the Boston Running Center or any of the aforementioned parties.

This agreement applies to 1) personal injury (including death) from accidents or illnesses arising directly or indirectly from participation in activities directed, suggested, or planned by Boston Running Center including, but not limited to, organized activities, classes, instruction, observation, related activities in a non-supervised setting, and use of facilities, premises, or equipment of Boston Running Center and all public property used: and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

**Acknowledgment of Understanding:**   
I have read this informed consent and waiver of liability and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability for injury resulting from ordinary negligence to the greatest extent allowed by law in the State of Massachusetts.

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