



## DIRECTIONS TO FALLING WATERS

55 NW Wall St, Ste #100 Bend, OR 97703

**From North/Redmond:** (Heading South on Parkway)

- From **US-97** South take **Exit 138** toward **Downtown/Mt. Bachelor**
- Turn Right onto **NW Colorado Ave** (go 0.4 mi)
- Turn left onto **NW Wall St**
- Falling Waters will be on the right

**From South/Sunriver:** (Heading North on Parkway)

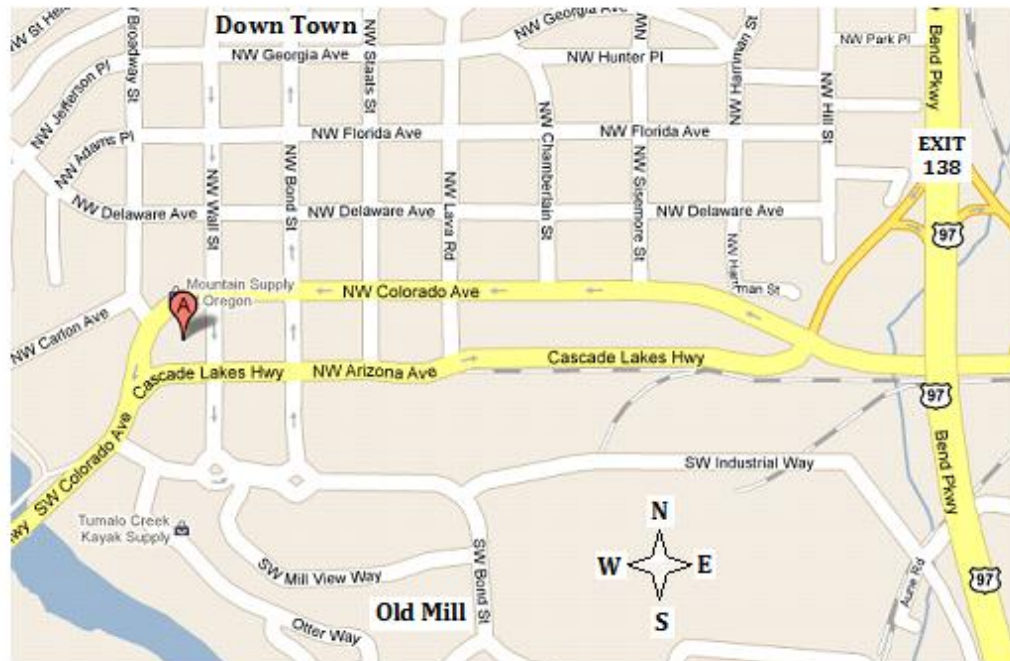
- From **US-97** North take **Exit 138** toward **Downtown/Mt. Bachelor**
- Turn right onto **NW Hill St** (go 0.1 mi)
- Continue on **NW Colorado Ave** (go 0.4 mi)
- Turn left onto **NW Wall St**
- Falling Waters will be on the right

**From West Side - Colorado Bridge:** (Heading East over bridge)

- Cross **Colorado Bridge**
- Continue onto **NW Arizona Ave** (go 0.1 mi)
- Turn Left into Falling Waters Parking Lot

**From East Side:**

- Head West on **SE Wilson Ave**
- Turn Right onto **SE 2<sup>nd</sup> St** (go 0.4 mi)
- Slight Left onto **SE Scott St** (go 0.2 mi)
- Continue onto **NW Hill St.** (go 0.1 mi)
- Continue onto **NW Colorado Ave** (go 0.4 mi)
- Turn Left onto **NW Wall**
- Falling Waters will be on the right





# FITNESS INTAKE

**\* Please arrive 5 min. prior to scheduled appointment time. Remember to bring Completed Paperwork.**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sex:  M  F DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Widowed  Separated

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you give permission to update your general medical practitioner with your progress? YES NO

Name of Medical Doctor: \_\_\_\_\_ Whom may we thank for referring you to us? \_\_\_\_\_

## HEALTH HISTORY

1. Have **you** or **anyone** in your **immediate family** suffered from (circle):

You Family

- Cancer
- Arthritis
- Aneurysm
- Stroke
- Skin condition

You Family

- Heart disease
- High blood pressure
- Osteoporosis
- Diabetes
- Depression

You Family

- Neck pain
- Back pain
- Knee pain
- Foot pain
- Other: \_\_\_\_\_

2. Have you ever had any **serious illnesses**? NO YES Describe: \_\_\_\_\_

3. Have you ever had **surgery or been hospitalized**? NO YES Describe: \_\_\_\_\_

4. Any **major traumas**? (i.e. Falls, Car accidents, Work related injuries, Fractures?) NO YES

5. Are you taking any **medications**? ? NO YES List: \_\_\_\_\_

6. Are you taking any **supplements**? NO YES List: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(If client is under 18)

## OFFICE USE ONLY

### CPT - Packet Review:

- Fitness Intake Complete
- Fitness Consult Intake Complete (*Health Q, Hx & Profile*)
- PAR-Q Signed (*must pass or sign medical release prior to orientation or regular classes*)
- Waiver, Release and Assumption of Risk signed
- Fitness Policy (*to be reviewed with client & signed*)
- ALL documents are filled out completely.**  
(Name, Date, Initial & Signatures where indicated)

### CPT - Scheduling:

- CPT phone contact info given to client for scheduling
- Client Scheduled Date: \_\_\_\_\_ Time: \_\_\_\_\_

### CPT - Processing Information:

- Fitness Rx: Completed and Photocopied
- Risk Waiver Photocopied
- Paperclip in order: Fitness Rx top, Risk Waiver middle, Fitness Intake bottom
- Give to FD to complete transaction

CPT Initials: \_\_\_\_\_

# Personal Health & Fitness Goals Questionnaire

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

In striving to achieve a higher state of health and fitness, a set of clearly articulated goals is essential. These goals will help guide your lifestyle choices such as when and what to eat, how often and how intensely to exercise, and how to overcome the challenges and barriers you will surely encounter.

## Please indicate your personal health and fitness goals:

*Circle Primary Goals*

*Check (✓) Secondary Goals*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> General Fitness                | <input type="checkbox"/> Improve diet       | <input type="checkbox"/> ↓ Cholesterol         |
| <input type="checkbox"/> ↓Weight: _____lbs              | <input type="checkbox"/> Stop Smoking       | <input type="checkbox"/> ↓ Stress              |
| <input type="checkbox"/> Achieve ideal weight: _____lbs | <input type="checkbox"/> Look Better: _____ | <input type="checkbox"/> ↑ Energy              |
| <input type="checkbox"/> ↓ Fat: _____lbs                | <input type="checkbox"/> Feel Better        | <input type="checkbox"/> Sleep better          |
| <input type="checkbox"/> ↑ Muscle                       | <input type="checkbox"/> ↑ Self-esteem      | <input type="checkbox"/> Injury Rehab: _____   |
| <input type="checkbox"/> ↑ Strength / endurance         | <input type="checkbox"/> ↓ Pain: _____      | <input type="checkbox"/> Sport Specific: _____ |
| <input type="checkbox"/> ↑ Flexibility                  | <input type="checkbox"/> ↑ Balance          | <input type="checkbox"/> Other: _____          |

## Please answer the following questions:

1. **Why** have you decided to achieve these goals now? \_\_\_\_\_
2. **When** do you expect to reach these goals? \_\_\_\_\_
3. List any **barriers** to achieving your goals:

<input type="checkbox"/> Financial:	<input type="checkbox"/> Lack of knowledge / Confidence:
<input type="checkbox"/> Injuries:	<input type="checkbox"/> Lack of motivation:
<input type="checkbox"/> Time limitations:	<input type="checkbox"/> Health conditions:
4. What **time commitment** are you willing to invest to achieve your goals?

<input type="checkbox"/> Time with personal trainer?
<input type="checkbox"/> Time exercising on own?

Please use the space below to **record three (3) concrete commitments** that you are willing to make to achieve your above health and fitness goals. For example you might commit "To arrive, ready for exercise, on Monday, Wednesday, and Fridays by 4:30 pm." These should be challenging but also realistic and attainable commitments. When finished, please sign this form to signify your personal commitment.

## Three (3) Concrete Commitments to Reach Your Goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Signed: \_\_\_\_\_

Witnessed: \_\_\_\_\_

# Exercise History & Interest Questionnaire

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

## Recent Exercise Habits (within last 12 months):

What **type** of exercise do you do? \_\_\_\_\_

How many **times per week** do you currently exercise? \_\_\_\_\_

How many **times per week** during your exercise do you **break a sweat**? \_\_\_\_\_

On a scale from 1 to 10, how **intense** is your typical exercise? \_\_\_\_\_

Do you tend to **progressively "push"** yourself during exercise? YES NO SOMETIMES

Do your **muscles get sore / tender** after exercise? YES NO SOMETIMES

How **long** have you been doing this exercise consistently? \_\_\_\_\_

In a Typical Week, How Many Minutes Do You Spend in the Following Activities?

Running / Jogging	_____	Walking	_____
Aerobics	_____	Hiking	_____
Swimming	_____	Racquet Sports	_____
Biking	_____	Skiing	_____
Stair Climber	_____	Yoga / Pilates	_____
Weight Training	_____	Other	_____

## Past Exercise Habits:

How **long ago** did you do exercise on a **regular basis**? \_\_\_\_\_

What **type** of exercise did you do? \_\_\_\_\_

How many **times per week** did you exercise? \_\_\_\_\_

How many **times per week** during your exercise did you **break a sweat**? \_\_\_\_\_

On a scale from 1 to 10, how **intense** was your typical exercise session? \_\_\_\_\_

Did you tend to **progressively "push"** yourself during exercise? YES NO SOMETIMES

Did your **muscles get sore / tender** after exercise? YES NO SOMETIMES

How **long** did you exercise consistently? \_\_\_\_\_

## Place a Check Next to Your Activity Preference or Interest:

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> Walking / Jogging / Running | <input type="checkbox"/> Martial Arts   | <input type="checkbox"/> Golf     |
| <input type="checkbox"/> Hiking                      | <input type="checkbox"/> Racquet Sports | <input type="checkbox"/> Skiing   |
| <input type="checkbox"/> Biking                      | <input type="checkbox"/> Yoga / Pilates | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Weight training             | <input type="checkbox"/> Kayaking       | <input type="checkbox"/> Other    |

# General Health Profile

NAME _____		DATE _____		
Rate each of the following symptoms based upon your typical health profile for:				
		<input type="checkbox"/> <i>Past 30 days</i>	<input type="checkbox"/> <i>Past 48 hours</i>	
<b>Point Scale</b>	0	<i>Never or almost never</i> have the symptom	3	<i>Frequently</i> have it, effect is <i>not severe</i>
	1	<i>Occasionally</i> have it, effect is <i>not severe</i>	4	<i>Frequently</i> have it, effect is <i>severe</i>
	2	<i>Occasionally</i> have it, effect is <i>severe</i>		
<hr/>				
<b>HEAD</b>	Headaches		<b>DIGESTIVE TRACT</b>	Nausea, vomiting
	Faintness			Diarrhea
	Dizziness			Constipation
	Insomnia			Bloated feeling
	<b>TOTAL</b>			Belching, passing gas
				Heartburn
<b>EYES</b>	Watery or itchy eyes			Intestinal/stomach pain
	Swollen, reddened or sticky eyelids			<b>TOTAL</b>
	Bags or dark circles under eyes			
	Blurred or tunnel vision (does not include near- or far-sightedness)		<b>JOINTS / MUSCLE</b>	Pain or aches in joints
	<b>TOTAL</b>			Arthritis
				Stiffness or limitation of movement
				Pain or aches in muscles
				Feeling of weakness or tiredness
				<b>TOTAL</b>
<b>EARS</b>	Itchy ears			
	Earaches, ear infections		<b>WEIGHT</b>	Binge eating/drinking
	Drainage from ear			Craving certain foods
	Ringling in ears, hearing loss			Excessive weight
	<b>TOTAL</b>			Compulsive eating
				Water retention
				Underweight
				<b>TOTAL</b>
<b>NOSE</b>	Stuffy nose			
	Sinus problems			
	Hay fever			
	Sneezing attacks		<b>ENERGY / ACTIVITY</b>	Fatigue, sluggishness
	Excessive mucus formation			Apathy, lethargy
	<b>TOTAL</b>			Hyperactivity
				Restlessness
				<b>TOTAL</b>
<b>MOUTH/ THROAT</b>	Chronic coughing			
	Gagging, frequent need to clear throat			
	Sore throat, hoarseness, loss of voice			
	Swollen or discolored tongue, gums or lips		<b>MIND</b>	Poor memory
	Canker sores			Confusion, poor comprehension
	<b>TOTAL</b>			Poor concentration
				Poor physical coordination
				Difficulty in making decisions
				Stuttering or stammering
				Slurred speech
				Learning disabilities
				<b>TOTAL</b>
<b>SKIN</b>	Acne			
	Hives, rashes, dry skin		<b>EMOTIONS</b>	Mood swings
	Hair loss			Anxiety, fear, nervousness
	Flushing, hot flashes			Anger, irritability, aggressiveness
	Excessive sweating			Depression
	<b>TOTAL</b>			<b>TOTAL</b>
<b>HEART</b>	Irregular or skipped heartbeat			
	Rapid or pounding heartbeat			
	Chest pain			
	<b>TOTAL</b>			
			<b>OTHER</b>	Frequent illness
				Frequent or urgent urination
				Genital itch or discharge
				<b>TOTAL</b>
<b>LUNGS</b>	Chest congestion			
	Asthma, bronchitis			
	Shortness of breath			

# PAR-Q and YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 to 69, the Par-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>2. Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>3. In the past month, have you had chest pain when you are not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>4. Do you lose your balance because of dizziness or do you ever lose Consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>5. Do you have a bone or joint problem (for example, back, neck, knee, or hip) that could be made worse by a change in your physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>7. Do you know <u>any other reason</u> why you should not do physical activity?</b>

**if  
you  
answered**

**YES to one or more questions**

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful to you.

**NO to all questions**

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

**DELAY BECOMING MUCH MORE ACTIVE:**

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; **or**
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completion of this questionnaire, consult your doctor prior to physical activity.

**NOTE:** If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

“I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.”

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

WITNESS: \_\_\_\_\_

**NOTE: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**

# Waiver, Release, & Assumption of Risk

You (buyer/client/patient) agree that if you engage in any physical exercise or activity at Falling Waters, LLC or any of its related entities, you do so at your own risk and assume the risk of any and all injury and/or damage while engaging in any physical exercise, activity, or use. Your assumption of risk includes, without limitation, to your use of any exercise equipment (mechanical, or otherwise), the change rooms, showers, parking lot, sidewalks, saunas, waiting room, gym floor area, or any equipment in, on, or around Falling Waters, LLC facility.

You (buyer/client/patient), agrees to assume the risk in his or her participation in any activity, class, program, personal training instruction, or Falling Waters, LLC involving employees or independent contractors. You (Buyer/client/Patient), agree that you are voluntarily participating in the aforementioned activities and using the facility and it's premises and assume all risk of injury, illness, damage (including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, injuries to knee, low back, foot, and any other nausea, faintness, fatigue, illness, damage, soreness or injury however caused, occurring during, or after my participation), or loss to you or loss and theft of any personal property, including injuries or damages that might result from the negligence of Falling Waters, LLC or any of it's employees, affiliates, independent contractors, agents, associates, representatives, successors, assigns, physicians, or managing members.

By execution of this agreement, you hereby agree to indemnify (assure) and hold harmless Falling Waters, LLC from any loss, liability, damage, or cost Falling Waters, LLC may incur due to your presence at the Falling Waters, LLC facility. Your further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the law in the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.

You acknowledge that you have carefully read this waiver and release agreement and fully understand that it is a release of liability, and express assumption of risk and indemnity agreement. You are aware and agree that by executing this waiver and release, you are giving up your right to bring legal action or assert a claim against Falling Waters, LLC or any of it's employees, affiliates, independent contractors, agents, associates, representatives, successors, assigns, physicians and managing members for their negligence, or for any defective product on its premises.

By signing this agreement you hereby agree that you have carefully read all contents of this agreement, have had any questions answered to your satisfaction and have voluntarily signed the waiver and release and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If patient is under 18)

## MEDICAL WAIVER, RELEASE & ASUMPTION OF RISK

I understand that I **answered yes to one or more questions of the PAR-Q & YOU questionnaire** I have been advised to **talk with my doctor by phone or in person to receive Medical Clearance by my Family Doctor BEFORE** I become much more physically active or BEFORE I have a fitness appraisal. My signature below represents my full understanding and choice to forego this advice and NOT to talk with my family doctor as advised on the PAR-Q questionnaire and **I fully assume all risk** of any and all injury and/or damage, including death, while engaging in any physical exercise or activity or use while in or around the premise of Falling Waters, LLC

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If patient is under 18)

# Fitness Department Policies

I \_\_\_\_\_ (full name) hereby agree to accept and be legally bound by the information and outlined policies on this paper. By checking this document, I attest, contract, acknowledge, and agree that I am legally bound by its content.

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## ELIGIBILITY

- Prior to any Fitness services offered at Falling Waters LLC, all clients must complete: Physical Activity Readiness Questionnaire (PAR-Q), Sign Waiver, Sign class policy, pre-pay for services and have consultation/orientation.

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## REQUIREMENTS / CONDUCT OF CLASS SESSIONS

- Client must wear proper attire (i.e. shorts, sweat pants, t-shirt, tennis/running shoes, etc.) Absolutely no jeans, jean shorts, sandals, open toe shoes of any kind.

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## PRICING & PAYMENT

- All fitness services must be paid in full directly to Falling Waters, LLC prior to my participation in any fitness service and is non-refundable.
- No refund or credit will be granted for sessions/classes that have not been completed. \_\_\_\_\_ **Initial**
- I acknowledge and agree that all fitness services (personal or group training) are not transferable or assignable.
- I understand this contract and the terms it presents is for the purchase of supervised fitness sessions only and does not suggest or imply membership to Falling Waters, LLC for use of gym or cardiovascular equipment at any other time outside purchased and scheduled supervised sessions or classes.
- I understand Falling Waters, LLC has the right and the authority to terminate the program at any time, with no refund, if I do not follow the program or fail to conduct myself in an appropriate manner.

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## CANCELLATION & LATENESS

### QUICK-FIT / AQUA FIT CLASSES

- Classes will run approximately 45 minutes.
- **Appointment/session times are reserved** for clients and there is **NO refund for missed group classes**.
- **Missed classes cannot be made up.**
- It is my responsibility to attend my classes when they are scheduled. There will be **no reminder calls**.
- Classes will begin and end promptly as scheduled.
- Any delays to the start of a scheduled class will not result in an extended class time beyond the remainder of the scheduled time.

### PERSONAL TRAINING

- I acknowledge that cancelation of personal training sessions must be made **24 hours in advance to the trainer** (not by calling receptionist), or I will be **debited/charged for the session**.
- Any delays to the start of a personal training session will not result in an extended session time beyond the remainder of the scheduled session.

By signing this document, I attest, contract, acknowledge, and agree that I am legally bound by its content. I further acknowledge that this specific contract and agreement is valid continuously and/or indefinitely.

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Participant Signature

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Date

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Falling Waters, LLC

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Date