

1120 UNBREAKABLE FITNESS | Arion Johnson, Founder and Head Trainer | Atlanta, GA | Instagram: @arion1120fit

NEW CLIENT INTAKE - REQUIRED BEFORE YOUR FIRST SESSION

Physical Activity Readiness Questionnaire (PAR-Q+) and Waiver

Complete this form before starting training with 1120 Unbreakable Fitness, the Training section of arionjohnsonofficial.com - the site also covers acting, modeling, and voice-over bookings. It covers 1:1 training, the online video membership, weekly workouts, and challenges. Answer honestly; answers are kept private.

Please read first: If you answer **YES** to any question in Section 2, do not start vigorous training yet. Complete Section 4 on page 2 and talk with your doctor first. If you have chest pain, severe dizziness, or trouble breathing at any time, stop exercising and seek medical help right away.

1. Client Information

FULL LEGAL NAME _____

DATE OF BIRTH / AGE _____

EMAIL ADDRESS _____

MOBILE PHONE _____

HOME ADDRESS (STREET, CITY, ZIP) _____

PROGRAM: 1:1 TRAINING / ONLINE MEMBERSHIP / BOTH _____

Emergency contact

CONTACT NAME _____

RELATIONSHIP TO YOU _____

CONTACT PHONE _____

2. PAR-Q+ Health Screening

For each question, check YES or NO. Base your answers on how you feel now and on the last 12 months.

1.	Has your doctor ever said that you have a heart condition, or that you have high blood pressure?	☐ YES	☐ NO
2.	Do you feel pain in your chest at rest, during daily activities, or when you do physical activity?	☐ YES	☐ NO
3.	In the past 12 months, have you lost your balance because of dizziness, or have you lost consciousness?	☐ YES	☐ NO
4.	Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?	☐ YES	☐ NO
5.	Are you currently taking prescribed medications for a chronic medical condition?	☐ YES	☐ NO
6.	Do you currently have (or have you had in the past 12 months) a bone, joint, or soft tissue problem that could be made worse by becoming more physically active?	☐ YES	☐ NO
7.	Has your doctor ever said that you should only do physical activity under medical supervision?	☐ YES	☐ NO

If you answered NO to all 7 questions: you are cleared to start building up your activity gradually. Still tell your trainer about anything in Section 3, and start at a level that feels right.

If you answered YES to one or more questions: give details on page 2 and complete the clearance step in Section 4 before vigorous training.

If you answered YES to any question in Section 2, explain here

Write the question number and what your doctor told you, any limits you were given, and when it last affected you.

3. Health History, Medications, and Goals

Check any condition you have now, or have had

- ☐ Heart disease or heart surgery
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Diabetes or prediabetes
- ☐ Kidney disease or dialysis
- ☐ Asthma or breathing problems
- ☐ Arthritis or joint problems
- ☐ Back, neck, or shoulder pain
- ☐ Knee, hip, or ankle problems
- ☐ Stroke or circulation problems
- ☐ Seizures or fainting
- ☐ Thyroid condition
- ☐ Currently pregnant
- ☐ Recent surgery (last 12 months)
- ☐ None of the above
- ☐ Other - explain below

MEDICATIONS YOU TAKE NOW (NAME AND WHAT FOR)

ALLERGIES (MEDICINE, FOOD, LATEX, OTHER)

INJURIES OR SURGERIES (WHAT AND WHEN)

ANY MOVEMENT THAT HURTS OR YOU MUST AVOID

Your activity and goals

How active are you now? ☐ Sedentary ☐ Light (1-2 days/week) ☐ Moderate (3-4 days/week) ☐ Very active (5+ days/week)

Do you smoke or vape? ☐ No ☐ Yes - how much: _____

YOUR MAIN GOALS (STRENGTH, WEIGHT, BALANCE, ENERGY, RECOVERY, OTHER)

ANYTHING ELSE YOUR TRAINER SHOULD KNOW

4. If You Answered YES - Medical Clearance

If you answered YES in Section 2, or you are managing kidney disease, heart disease, diabetes, or another serious condition, 1120 Unbreakable Fitness may ask for written clearance from your doctor before vigorous training begins. Light, doctor-approved activity may still be possible - your trainer will follow your doctor's limits.

Doctor clearance (if required): I have reviewed this client's health screening. This client is cleared for: ☐ Full training ☐ Training with the limits noted below ☐ Not cleared at this time

DOCTOR / PROVIDER NAME AND SIGNATURE

DATE / PHONE

5. Waiver, Release of Liability, and Assumption of Risk

Please read this section carefully. By signing on page 4, you agree to everything in this section. If anything is unclear, ask your trainer before you sign.

1. The activities. This waiver covers all training and activity with 1120 Unbreakable Fitness and Arion Johnson, including 1:1 personal training, small-group sessions, outdoor training, the online video membership, weekly workouts, fitness challenges, assessments, warm-ups, stretching, and any related instruction, whether in person or online, live or recorded.

2. I understand the risks. I understand that physical exercise involves risk. Risks include muscle strains and sprains, joint injury, falls, abnormal blood pressure or heart rhythm, dizziness or fainting, heat illness, and, in rare cases, serious injury, heart attack, or death. Risks can be higher when exercising outdoors, using equipment, exercising on my own while following online workouts, or exercising with an existing medical condition. I confirm that I have answered the health questions in this form honestly and completely.

3. I take part by choice and accept the risk. I choose to take part voluntarily. I accept and assume all risks of injury, illness, damage, or loss connected with taking part, except where caused by the gross negligence or intentional misconduct of 1120 Unbreakable Fitness or Arion Johnson.

4. Release of claims. To the fullest extent allowed by Georgia law, I release and discharge 1120 Unbreakable Fitness, Arion Johnson, and any trainers, assistants, contractors, and location owners working with the business (together, the "Released Parties") from claims, demands, and causes of action arising from my participation, including claims based on ordinary negligence. I agree not to sue the Released Parties for any such claim. This release also binds my heirs, executors, and family members.

5. Indemnification. I agree to indemnify and hold harmless the Released Parties from claims brought by others that arise from my participation or from information I provided in this form being incomplete or inaccurate.

6. My responsibilities. I agree to follow my trainer's instructions, use equipment only as shown, warm up as directed, and stop and report any pain, chest discomfort, dizziness, unusual shortness of breath, or other warning signs right away. I agree to tell my trainer promptly about any change in my health, medications, injuries, or doctor's advice after signing this form. For online workouts, I am responsible for exercising in a safe space, with safe equipment, at an intensity appropriate for me.

7. Not medical care. I understand that 1120 Unbreakable Fitness provides fitness training only. Training is not medical care, physical therapy, or a substitute for a doctor's advice. Nothing in any workout, challenge, or communication is a diagnosis or treatment. I will consult my own doctor with medical questions.

8. Emergencies. If I am injured or become ill during training, I authorize the trainer to provide basic first aid and to contact emergency services and my emergency contact. I am responsible for any medical costs that result.

9. General terms. If any part of this waiver is found unenforceable, the remaining parts stay in full effect. This form stays in effect for as long as I train with 1120 Unbreakable Fitness, until I revoke it in writing. I understand that training may be paused or refused if the trainer believes continuing would be unsafe.

CLIENT INITIALS - I HAVE READ SECTION 5 _____ **DATE** _____

6. Photo and Video Release (Optional)

1120 Unbreakable Fitness sometimes shares training photos and videos on social media and on arionjohnsonofficial.com. This choice is yours - it does not affect your training either way. Check one:

☐ **YES** - I give permission for photos and videos of me taken during training to be used on social media, the website, and promotional materials for 1120 Unbreakable Fitness.

☐ **NO** - Do not use photos or videos of me. Please keep me out of shared content, or blur/remove me where I appear.

You can change this choice at any time by telling your trainer in writing (a text or email is fine). Content already posted before your change may remain posted.

7. Agreement and Signatures

By signing below, I confirm that:

☐ I have read this entire form, including the waiver in Section 5, and I understand it.

☐ The health information I provided is true and complete to the best of my knowledge.

☐ I will update my trainer if my health, medications, or doctor's advice changes.

☐ I am 18 or older, or my parent/legal guardian has signed below for me.

CLIENT SIGNATURE _____ **DATE** _____

CLIENT PRINTED NAME _____ **PHONE** _____

If the client is under 18 - parent or legal guardian

I am the parent or legal guardian of the client named above. I have read this form, I consent to my child taking part, and I agree to the waiver in Section 5 on my child's behalf and on my own behalf.

GUARDIAN SIGNATURE _____ **DATE** _____

GUARDIAN PRINTED NAME / RELATIONSHIP _____ **GUARDIAN PHONE** _____

8. For Trainer Use Only

☐ Form reviewed with client ☐ All NO on PAR-Q+ - cleared to start ☐ YES answers - clearance requested / received

☐ Program or limits noted in client file

TRAINER SIGNATURE (ARION JOHNSON) _____ **DATE REVIEWED** _____

What happens next: Return the signed form to your trainer before your first session, or upload it where directed in the Training section of arionjohnsonofficial.com. Keep a copy or photo for yourself. You will need a new form if your health changes significantly, and your trainer may ask you to renew it each year.

Privacy: Health information on this form is used only to plan safe training for you. It is not sold. Tell your trainer if you need this form in a different format. This form is a general fitness intake and waiver template for 1120 Unbreakable Fitness. It does not replace medical or legal advice.