

# Ray Rich Personal Training Forms

## **B.A in Kinesiology**

## **M.B.A Business Administration**

- I am certified through a nationally recognized personal training certification, PTA Global, I reserve the right to request a Physician's Clearance Form if needed, before a patron can schedule for or participate in my program. I have CPR and First Aid Certifications.

## **Session Information**

- Personal Training Fitness Assessment will be done the day of the First Session. Sessions or Sessions packages must be paid before Session.
- All sessions will be 45-60 minutes in length and two (2) or more sessions may be scheduled back-to-back if desired.

## **Appointment Cancellation**

- Cancellations must be made 24 hours in advance unless emergency. If the cancellation is less than 24 hours of the scheduled time the training session and the money is nonrefundable.
- I am required to wait 15 minutes for you to show up for the scheduled appointment. If the client is late for the appointment I am not obligated to make up the missed time. For example, if the client is 15 minute slate and arrives for the appointment the session will only be 30-45 minutes. I am responsible for waiting 15 minutes for late arrivals. Clients are responsible for contacting me if it will be more than five minutes late. If we meet at a certain location.

## **Appointment Confirmation**

- All personal training service related appointments must be confirmed by the trainer and client no later than 24 hours prior to the scheduled appointment. If the appointment is not confirmed or is not confirmed within this time frame I may not be available to meet for the appointment.

### **No Show Clients**

Clients who do not cancel appointments within the designated time (i.e. 24 Hours in advance) & do not show for the scheduled appointment will not be reimbursed for the missed session. Or sessions will be forfeited.

### **Inclement Weather**

A personal training session will be offered at the discretion of me.

### **Participant Attire**

Participants must wear clothing and shoes conducive to the exercise(s) being conducted. No boots, shoes with metal buckles, flip-flops, etc. are permitted.

### **Appointment & Payment Timeline**

All payments must be made before or in advance of training session. All payments must be prepaid; services will not be rendered without prior payment. If payment is not received within the designated time session can be aborted.

### **Disclosure Statement**

I do not release, sell or distribute any personal information obtained during the assessment and/or training process to third parties. Participants may disclose personal and private information regarding their health and physical status. I must maintain the confidentiality of these conversations with the participants at all times. I must first ask and be granted the permission of the participant to disclose any of the information originally given to the trainer.

### **Assessments**

A single assessment will evaluate one of the following: height/weight measurement, body fat percentage.

## Client/Personal Trainer Agreement

A personal trainer provides people with the motivation, education, guidance, and individual instruction required to achieve their personal fitness goals. **I will design a tailored exercise program for you that reflects the your objectives, fitness level, and experience.**

This agreement ensures that the role of the trainer to client and client to trainer is clearly appreciated and understood. **This agreement must be signed prior to beginning the training sessions.** To keep this program running smoothly, I would like to outline the following **client responsibilities:**

1. The training fee must be paid when filling out the Personal Trainer Intake form. This entitles the client to a forty minutes to sixty minutes (45-60 minutes) training session
2. Complete all forms in the packet provided and turn them to Ray Richardson. Failure to do so may result in delayed initial consultation. **These completed forms will be used in establishing your baseline and are entirely confidential- as are all of your sessions.**
3. Be on time for meetings with Ray Richardson. Typically each session is 45-60 minutes; however a more flexible length can be established. The time of sessions is to be agreed upon between the trainer and the client.
4. If the client is late, the session will only last until the end of the 45-60 minute session
5. If a session needs to be cancelled for any reason other than an emergency, a 24-hour notice must be given to the trainer. Failure to do so will result in the client forfeiting the session and no payment reimbursement will be granted.
6. No roll-over sessions or refunds will be granted, except for medical reasons, which must be endorsed by your physician.
7. It is recommended that you bring a water bottle (NO GLASS BOTTLES) to every session. It is required that you bring a towel.

### TRAINER RESPONSIBILITIES:

1. I will design a safe, effective exercise program on an individual basis that reflects the client's objectives, fitness level, and experience.

An additional service I analyze your nutrition habits through the Nutrition Questionnaire and Seven Day Food Record. At your convenience you may bring your Nutrition Questionnaire and Seven Day Food Record to me for analysis. Try to be as specific as possible on these forms; for example, log the brand names, quantities, preparation (fried, microwave, grilled, etc), and added condiments (butter, salt, etc). If you have any questions about the forms, please ask me. Please note that **I am not a dietician** and only general nutritional information will be given within the scope of my practice.

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

# Ray Rich Exercise History and Attitude Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

General Instructions: Please fill out this form as completely as possible. If you have any questions, please ask me for assistance.

1. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 indicating the highest).
  - a) Characterize your present athletic ability.  
1 2 3 4 5
  - b) When you exercise, how important is competition?  
1 2 3 4 5
  - c) Characterize your present cardiovascular capacity.  
1 2 3 4 5
  - d) Characterize your present muscular capacity.  
1 2 3 4 5
  - e) Characterize your present flexibility capacity.  
1 2 3 4 5
2. Were you a high school and/or college athlete? ☺ YES ☺ NO
  - a. If yes, please specify: \_\_\_\_\_
3. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation? ☺ YES ☺ NO
  - a. If yes, please explain: \_\_\_\_\_
4. Do you start exercise programs but then find yourself unable to stick with them? ☺ YES ☺ NO
5. How much are you willing to devote to an exercise program? \_\_\_\_\_ minutes/day  
days/week
6. What types of exercises interest you?
  - a. ☺ Walking ☺ Jogging ☺ Swimming
  - b. ☺ Cycling ☺ Dance exercise ☺ Strength training
  - c. ☺ Stationary biking ☺ Rowing ☺ Racquetball
  - d. ☺ Tennis ☺ Group exercise ☺ Stretching
7. Are you currently involved in regular endurance (cardiovascular) exercise?
  - a. ☺ YES ☺ NOIf yes, what type of exercise(s) \_\_\_\_\_ for:  
\_\_\_\_\_ minutes/day \_\_\_\_\_ days/week
8. Rate your perception of the exertion of your exercise program (circle the number):  
(1) Light (2) Fairly light (3) Somewhat hard (4) Hard

# Ray Rich Personal Training Health History & PAR-Q Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Local Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male Female Height \_\_\_\_\_ ft \_\_\_\_\_ inches Weight \_\_\_\_\_ lbs.

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

*Person to Contact in Case of an Emergency:*  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pre-participation Screening Questionnaire** \*Assess your health status by marking all true statements

## History

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease
- None of the above

## Symptoms

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, or blackouts.
- You take heart medications.
- None of the above

## Other Health Issues:

- You have asthma or other lung disease.
- You have burning or cramping sensation in your lower legs when walking short distances.
- You have musculoskeletal problems that limit your physical activity.
- You have concerns about the safety of exercise.

- You take prescriptions medication(s).
- You are pregnant.
- None of the above

If you marked any of these statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You will have to obtain written medical clearance from your physician and may need to use a facility with a **medically qualified staff**.

**Cardiovascular risk factors**

- You are a man older than 45 years.
- You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal.
- You smoke, or quit smoking within the previous 6 months.
- Your blood pressure is > 140/90 mm Hg.
- You do not know your blood pressure.
- You take blood pressure medication.
- Your blood cholesterol level is >200 mg/dL.
- You do not know your cholesterol level.
- You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister).
- You are physically inactive  
(i.e., you get <30 minutes of physical activity on at least 3 days/week).
- You are >20 pound overweight.
- None of the above

If you marked two or more statements in this section, you should consult your physician or other appropriate health care provider before engaging in exercise. You may have to obtain written medical clearance from your physician and you might benefit from using a facility with a **professionally qualified exercise** staff to guide your exercise program. You should be able to exercise safely without consulting your physician or other appropriate health care provider in a self-guided program or almost any facility that meets your exercise program needs. **Please note: If your health changes so that you then answer YES to any of the above questions, tell your Personal Trainer. Ask whether you should change you physical activity plan.** Raymond R. Richardson Jr. and agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, please consult your doctor prior to physical activity. “I have read, understood, and completed this questionnaire. Any questions I had were answered to my full honesty and satisfaction.” 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 questions.

Name:

Signature or Signature of Parent:  
(for participants under age)

Date:

**Ray Rich Personal Training Informed Consent & Assumption of Risk**  
**(Must be signed prior to beginning personal training sessions)**

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in Ray R. Richardson Jr's Personal Training Program may cause injury, I am voluntarily choosing to participate in the program. There are always certain risks associated with any physical activity. I understand these risks and declare myself physically sound and capable to participate in Ray R. Richardson Jr's program. The Personal Training Program is a program designed to guide me, safely and effectively, through an appropriate individualized fitness/exercise regime based on my initial fitness assessment and goal assessment. Following the completion of a health history form and possibly a doctor's note and an initial consultation, I will be given an individual exercise program that focuses on increasing fitness to prepare me for normal activities of daily living. I realize that I have the option to discontinue any activity/email automation upon my own discretion. I also realize that all information obtained about myself through this program will be kept in strict confidence within Ray R. Richardson Jr's Personal Training Program.

In making this activity available for your participation, Ray R. Richardson Jr. assumes no responsibility for your injury. The responsibility is assumed entirely by the participant. Participants should have adequate personal insurance coverage.

**WAIVER AND INDEMNITY**

In consideration of services or property provided, I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge and covenant not to sue Ray R. Richardson Jr or any instructors, agents, advisors, employees, affiliates, members, volunteers, staff, heirs, assigns, and representatives, (collectively, the "Releases") from any and all claims including, not by way of limitation, any claims arising from negligence of Releases or any of them resulting in personal injury, accidents or illnesses (including death) and/or property loss arising from or relating in any way to participation in the Activity, the use of facilities in connection with the Activity, and/or travel before, during or after the Activity.

I agree to indemnify and hold harmless Releases from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees, and to reimburse Releases for any such expense incurred in connection with or as a result of (1)(a) Participant's participation in the Activity or (b) travel associated with the Activity or (2) arising in connection with or as a result of any attempt by anyone, including, not by way of limitation, Participation or anyone claiming on Participant's behalf, to avoid the terms of this document which I freely sign.

NOW, THEREFORE, in consideration of the covenants contained herein and in order to compromise and/or avoid any and all disputes, claims or causes of action between them, the parties agree as follows:

Withdrawal, Dismissal and Release of All Claims. Exercise client does hereby fully, finally and forever waive and unconditionally release Raymond Richardson Jr. from any and all claims, complaints, demands, damages, actions, causes of action or suits at law or in equity, liabilities or obligations of whatever kind, whether suspected to exist or not suspected to exist whether based on tort or contract, or any other basis of law or equity, and all claims arising from acts, or omissions which occurred or failed to occur from the beginning of time through this date of execution of agreement any and all claims for compensatory, punitive, or other damages or relief of any kind relating to any claims and any and all claims attorney fees, and cost incurred in relation to such claims. Exercise clients further waives and gives up any right to become and promises to not to consent to become, a member of any class or collective action in a case in which claims are asserted against or related to Raymond Richardson Jr. in anyway. If without prior exercise client's prior knowledge and consent, exercise client is made a member of a class in any proceeding against Raymond R. Richardson Jr., exercise client agrees to opt out of the classes at the first opportunity. It is understood and agreed that Raymond Richardson Jr., entities and individuals are intended third party beneficiaries of this agreement/release

Non-disparagement. Exercise client hereby covenants and agrees not to make any statement at any time in the future to any person or entity which is disparaging of the business, reputation, competence or good character of Raymond R. Richardson Jr., which, if publicized, would cause humiliation, or embarrassment or would cause the public to question the business condition, integrity, competence or good character of Raymond R. Richardson Jr. or any of the present or former officers, directors or employees of Raymond R. Richardson Jr.

Acknowledgement. Exercise client acknowledges and agrees that, in executing this Agreement, he/she has relied entirely on his/her own judgment, that he/her has read this Agreement and has been given adequate time in which to consider its terms and to ask any questions that he/she might have of anyone, including counsel of his/her own choosing, and that he/she has signed this Agreement voluntarily and with the full understanding of its terms and effects. Exercise Client's further agrees that no fact, evidence, event or transaction currently unknown to him/her which hereafter may become known to him/her will affect in any manner the final and unconditional nature of this Agreement.

Binding Effect/Assignability. This agreement shall be binding upon and shall inure to the benefit of the parties hereto and their respective heirs, personal representatives, successors and assigns.' This Agreement shall not be assignable, in whole or part, by any party.

Severability. The parties acknowledge and agree that the provisions of this Agreement shall be deemed severable and the invalidity or unenforceability of any provisions shall not affect the validity or enforceability, of any provisions herein. If any provision of this Agreement is deemed unenforceable for any reason whatsoever, such provision shall be appropriately limited and given effect to the maximum extent it may be enforceable, and all other provisions of this Agreement shall remain fully enforceable.

Complete Agreement. The parties understand, warrant and agree that this Agreement supersedes and renders null and void all other previous agreements of any kind between the parties, whether written or verbal; provided however, that the Non-Solicitation, Non-Competition and Confidentiality Agreement signed by Exercise client remains in effect. The parties further warrant and agree that no promise or inducement has been offered for this Agreement other than as set forth herein.

Governing Law. The parties understand, warrant and agree that this Agreement is executed pursuant to the laws of the State of Illinois and that any dispute regarding this Agreement shall be decided according to the laws of the State of Illinois.

Originals. This Agreement may be executed in any number of counterparts, each of which shall constitute original, but all of which together shall constitute one and the same Agreement. Facsimile signatures shall be deemed originals.

**I have read this document in its entirety, fully understand its terms, and understand that I am giving up substantial rights – including my right to sue. I know, understand and appreciate these and other risks that are inherent in the Activity. I expressly agree and assert that participation in the Activity is voluntary and I knowingly assume all such risks and elect to proceed with the participation despite all the risks. I acknowledge that I am signing this document freely and voluntarily and intend, by my signature, the complete and unconditional release of all liability to the greatest extent allowed by law.**

“Having such knowledge, I do hereby release Ray R. Richardson Jr. of all liability related to injuries or accidents to myself which may occur as a result of participation in the Personal Training Program. I hereby assume all risks connected therewith and consent to participate in the Personal Training Program.”

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

# Photo/Video Release for Ray Rich Personal Training Program

I hereby grant Raymond R. Richardson Jr. the absolute and irrevocable right and unrestricted permission to use photo's/videos taken of me or in which I may be included with others and to use, re-use, publish, and republish the same in whole or in part, individually or in conjunction with other photos/video's and in conjunction with any printed/digital matter, in any and all print media, digital media or any other form of media now and hereafter known, and for any purpose whatsoever for illustrations, email automation, promotion, art, editorial, advertising and trade, or any other purpose whatsoever without restriction as to alteration, and to use my name in connections therewith if Raymond R. Richardson Jr., chooses to.

I hereby release and discharge the photographer/video photographer and Raymond R. Richardson Jr. from any and all claims and demands arising out of or in connection with the use of these photo's /video's in any of the above described media presentations, including without limitation any and all claims for libel, slander or invasion of privacy.

This authorization and release shall also inure to the benefit of the heirs, legal representatives.

I am 18 years of age or older or guardian and have the right to contract in my own name. I have read the forgoing and fully understand the contents thereof. This release shall be binding upon me and my heirs, representatives and assigns.

Name

Signature or Signature of Parent  
(for participants under age)

Date

# Ray Rich Personal Training Nutrition Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*The assessment of nutrition involves looking at four key dietary factors:*

- 1). Prudent diet habits referring to general nutrition balance,
- 2) Calorie controlling habits pertaining to weight loss and gain,
- 3) Dietary fat referring to habits that affect cholesterol in the diet,
- 4) Sodium or salt control which affects blood pressure.

**All four of these dietary factors have an influence as to whether or not your diet contributes to an unusual risk of heart disease.**

*Complete the questionnaire below so Ray Rich can get an Idea of your food intake:*

- **Answer each question according to your usual eating habits.**
- Place the number corresponding to your answer in the space provided to the left of each question.

## **PRUDENT DIET**

\_\_\_\_\_ **How much low fat or skim milk, yogurt, and low fat cheese do you consume in a typical day?**

1. 16 ounces low fat milk or yogurt, or 2 ounces of low fat cheese per week.
2. 8 ounces of low fat milk or yogurt or 1 ounce of low fat cheese per day.
3. Only use milk on cereal, seldom eat low fat cheese or yogurt.
4. Do not consume low fat milk, yogurt or cheese at all.

\_\_\_\_\_ **How often do you choose to eat potato chips, corn chips, taco chips, olives, nut or similar foods as snacks or with a meal?**

1. Never or rarely 3. 3-4 times per week
2. Occasionally 4. 5 or more times per week

\_\_\_\_\_ **How many servings of fruit do you eat per day?**

1. 4 or more 3. 1-2
2. 2-3 4. None

\_\_\_\_\_ **How many servings of whole grain breads and cereals, rice, and pasta do you eat each day?**

1. 6 or more 3. 3-4 servings
2. 5 4. Less than 3

\_\_\_\_\_ **Which describes your consumption of vegetables?**

1. Smack on raw vegetables and eat vegetables/salads with most meals
2. Eat salads and vegetables when served with a meal
3. Only eat vegetables when served with a meal
4. Rarely eat vegetables

\_\_\_\_\_ **How many 8 ounces glasses of water do you drink in a day? (You may count other beverages of water, provided they do not contain caffeine or alcohol).**

1. 8 or more glasses
2. 5-7 glasses
3. 2-4 glasses
4. One glass or none

## **CALORIE CONTROL**

\_\_\_\_\_ **What most closely describes the amount you eat at a time?**

1. Stop eating when full, even if there is still food on the plate.
2. Select a small amount and clean the plate
3. Eat what is served and clean the plate
4. Take second helpings, especially when it tastes good.

\_\_\_\_\_ **If you wanted to decrease the calories intake, which would you do?**

1. Cut down on meat, sauces, gravy, desserts, salad dressings
2. Limit portion sizes
3. Leave off bread and potatoes
4. Follow a crash diet for a few days

\_\_\_\_\_ **How many alcoholic beverages do you consume?**

1. 0-2 drinks per week
2. 3-5 drinks per week
3. 6-12 drinks per week
4. More than 12 drinks per week

\_\_\_\_\_ **Do you ever eat until you are so full that you are uncomfortable?**

1. Rarely or never
2. Periodically, 1-2 times a month
3. Regularly, once a week
4. Often, every couple of days

\_\_\_\_\_ **How many sweets (candy, pastry, cookies, desserts, ice cream, sugar-based beverages) do you eat?**

1. Once a week or less
2. A few servings per week
3. 1-2 servings per day

\_\_\_\_\_ **Which pattern of eating typifies your style?**

1. Regular meals at frequent intervals
2. Occasionally skipping a meal/or binging
3. Eating regularly for a few days then binging when there is time to relax.
4. Skipping meals during the day and eating all evening

**FAT CONTROL**

\_\_\_\_\_ **How many eggs (including yolks) do you eat per week?**

1. 0-2 times
2. 6-8 times per week
3. 3-5 4, more than 8

\_\_\_\_\_ **How many times per week do you consume red meat (beef steak, Canadian bacon, lamb, ribs)?**

1. 0-2 times
2. 3-4 times
3. 5-6 times
4. 7 or more

\_\_\_\_\_ **When you prepare or eat poultry (chicken, turkey, Cornish hen) which of the following plans so you must closely follow?**

1. Choose white meat, remove skin and prepare by baking or broiling
2. Choose dark meat, skin removed and bake or broil
3. Bake or broil, skin on and serve with gravy
4. Leave the skin on and fry

\_\_\_\_\_ **When selecting a salad or sandwich, which of the following “fillings” would you choose most often?**

1. Lentils, kidney beans, peas, pinto or garbanzo beans
2. Turkey, chicken, tuna, other lean meats, low fat cheese
3. Same as below, but without cheese
4. Ham, pastrami, hamburger, salami, frankfurter, bacon

\_\_\_\_\_ **When eating dairy products do you select?**

1. Only skim or low-fat products
2. Only look for low-fat products except when selecting ice cream
3. Are not aware of the difference
4. Only enjoy whole fat content dairy products

\_\_\_\_\_ **If you were having potatoes would you choose?**

1. Boiled or baked with no added fat
2. Boiled or baked with liquid margarine or yogurt
3. Boiled or baked with hard margarine/butter and sour cream
4. French fried, hash browns

## **SODIUM CONTROL**

\_\_\_\_\_ **How frequently do you add salt to your food after it is served at the table?**

- |                       |                           |
|-----------------------|---------------------------|
| 1. Never              | 3. Once a day             |
| 2. 1-2 times per week | 4. With almost every meal |

\_\_\_\_\_ **How frequently do you add salt to your food: hot dogs, bologna, bacon, ham, sausage?**

- |                       |   |
|-----------------------|---|
| 1. Rarely or never    | 3. Canned without sauces                                |
| 2. 1-2 times per week | 4. Canned, frozen or dry with sauces and /or seasonings |

\_\_\_\_\_ **While preparing meals or when eating out, how frequently do you add any or all of the following items to your food? Mustard, pickles, relish, soy sauce, ketchup, meat tenderizer, MSG?**

- |                       |                       |
|-----------------------|-----------------------|
| 1. Rarely or never    | 3. 3-4 times per week |
| 2. 1-2 times per week | 4. Daily              |

\_\_\_\_\_ **How often do you use canned soups or dry soup/broth mixes?  
Rarely or never**

- |                       |                       |
|-----------------------|-----------------------|
| 1. Rarely or never    | 3. 3-4 times per week |
| 2. 1-2 times per week | 4. Daily              |

## Ray Rich Nutritional Strategies/Suggestions

### Prudent Diet Strategies

- Drink 6-8 glasses of water each day
- Drink less regular and diet soda, coffee and tea
- Consume at least 2 servings of low-fat dairy products each day
- Eat more dark green and deep yellow-orange fruits and vegetables (e.g. spinach, greens, broccoli, carrots, cantaloupe, peaches, or yams)
- Include a good source of vitamin C daily (e.g. oranges, grapefruit, tomatoes, or juices from these fruits)
- Select whole grain breads and cereals, including bran products
- Eat raw fruits and vegetables whenever possible

### Calorie Control Strategies

- Take out (e.g. candy, cookies, syrup, jelly, desserts, pastries, donuts, and sweet rolls)
- Cut down on alcohol consumption
- Refuse second helpings
- Take smaller portions
- Stop eating when you are full
- Cut down on toppings and condiments (sweet and high fat additions)
- Avoid high fat and “junk” foods (see section on STRATEGIES FOR REDUCING FAT)

### Strategies for Reducing Fat

- Limit intake of beef and pork to three servings per week
- Eat more fish, skinless poultry and non-meat protein sources
- Select low-fat dairy products (e.g. skim milk, low fat yogurt, sherbert, frozen yogurt, low fat cottage cheese)
- Reduce intake of eggs, especially yolks
- Avoid toppings and condiments (e.g. butter, margarine, cream, sour cream, non-dairy creamers, salad dressings, guacamole, gravy, sauces)
- Avoid fried foods
- Choose baked, broiled, boiled, steamed, poached, and marinated foods
- Remove visible fat from meat and skin from poultry
- Limit intake of butter and margarine

### Strategies for Reducing Sodium (Salt)

- Eliminate salt at the table and avoid salt in cooking
- Cut down on use of condiments (e.g. mustard, ketchup, pickles, relish, soy sauce, steak sauce, **MSG**, and meat tenderizers)
- Avoid “fast food” restaurants
- Rarely eat convenience foods (e.g. canned soups, dried soup mixes, TV dinners, boxed prepared foods)
- Substitute raw fruits and vegetables for processed snacks and spreads (e.g. chips, nuts cheese spreads, pretzels, and crackers.)

# Seven-Day Food Record

Name \_\_\_\_\_

*Instruction for completing food records: Please record everything that you eat and drink for Seven days. Record everything (brand names, serving size, how it was prepared). Please be honest and try not to change the way you eat because you are writing everything down.*

Food	
Day 1	Day 2
Day 3	Day 4

Day 5	Day 6

Day 7

## New Client Letter

DEAR NEW CLIENT,

I am so glad you have decided to participate in Ray R. Richardson Jr's Personal Training Program. I hope that your experience with me will be a positive one and that it will motivate you to pursue a healthy lifestyle in all the aspects of wellness. I encourage you to commit to this "healthy lifestyle change" that will likely change your life!

Being healthy and taking care of our bodies is an important part of helping to prevent illness, disease, injuries and make us able to do everyday activities with more ease and enjoyment. It is also important to feel better each day as we allow our bodies to gain energy from being active!

### **NUTRITION**

I will put my effort into helping you out, but I deeply encourage you to make initiative to comply with my nutrition suggestions to help you achieve better results. Nutrition and exercise go hand in hand and are each essential parts of wellness.

### **STRETCHING**

Stretching will promote flexibility which will help you regain full range of motion and will assist in creating greater strength benefits. Flexibility will also help to prevent injuries to your tendons, joints and muscles. Flexibility is just as important to your body as all other aspects of fitness; it will improve your posture, and help you to have more ease with everyday activities.

**If there are any special considerations, injuries, or anything else ask me this can be very important for the effectiveness of your program.**

**Also, please notify me of any questions or comments about your sessions and how you are doing. This will keep each of you aware of your goals and how things are going even outside the training sessions.**

### **WHAT SHOULD I WEAR AND BRING?**

For your first session you will be asked to do many assessments that will allow me to personalize your training for you. This will show me areas that you will need more attention than others, etc. For your **first** session I ask that you do not work out prior to the session and that you please wear a comfortable shirt and **shorts**.

For every training session *after* the first, please wear comfortable workout clothes and good, comfortable cross training shoes. Please bring a bottle of water with you to stay hydrated and a towel.

## Ray Rich Training Program Payment Options

1. **Payment:** Payment may be made in advance of Sessions in one lump sum or may be financed through equal weekly, bi-weekly or monthly payments over the course the short-term or long term contract.
2. **Option to Renew:** Upon contract renewal, By renewing a contract, Client acknowledges and agrees that Trainer acted professionally in all prior sessions.

**Number of Sessions:** \_\_\_\_\_ **Rate:** \$\_\_\_\_\_ Per Session

**Payment Options:**

**Payment in Full:** \_\_\_\_\_

**Financing:**

Monthly Payment \_\_\_\_\_

Biweekly Payment \_\_\_\_\_

Weekly Payment \_\_\_\_\_

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature (if needed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer's signature

\_\_\_\_\_  
Date

Name:

**Personal Training Accountability Sheet Checkin with Ray Weekly**

<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

## Ray Rich Training Fitness Assessment

Name:					Age	WT:	HT:	
Occupation					Email:			
Date								
BF								
BMI								
L.B.M								
Weight								
Neck								
Upper arm								
Chest								
Waist								
Hip								
Right Thigh								
Supplements	Before PT:					PT:		
Injuries								
Medication:								

## Ray Rich PT Program Goal Setting

Goal setting is a major aspect to training. It is important that you set the right goals for yourself. Together you and your trainer will you set the goals that are appropriate for you in order to assure that you get the most out of each session. When choosing goals they should be **S.M.A.R.T.**

- **Specific**-If your goal is weight loss; try to make it more specific. Try stating the amount of weight, the time frame, and the method of measurement (scale or body fat %).
- **Measurable**- To truly evaluate improvements, the goal should be measurable. The way you look is not tangible, reliable measurable.
- **Attainable**- Goals should be challenging but possible. Keep in mind how long you are allowing for reaching your goal and make sure that is safe and realistic.
- **Relevant**- Goals should be pertinent to your interest, needs, and abilities.
- **Time bound**- Set a timeline reaching your goal. Again be realistic

### Program Goals

- The goals of the Personal training program are as follows:
- To provide a safe and fun exercise environment for
- Participants to reach and maintain personal fitness goals;
- To provide a variety of information and services that meet the participant's needs;
- To communicate the benefits of a healthy and active lifestyle;

## Ray Rich Personal Training Legal Disclaimer

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As with any exercise program, you assume certain risks to your health and your safety. Any kind of exercise program can cause injuries and are no exception. It is very possible to suffer an injury especially if an exercise is done with improper form. Although proper instruction will be provided for each exercise, realize that rayrichpersonaltraining.com does involve risks to injury. If you choose to participate in a program via rayrichpersonaltraining.com you do so on your own free will and accord voluntarily assuming all risks associated with such activities.

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