

# Service Agreement & Consent

NEW CLIENT ONBOARDING · DOCUMENT 1 OF 2 · EFFECTIVE MAY 7, 2026

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## 1. CONTACT & EMERGENCY INFORMATION

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FULL NAME

DATE OF BIRTH

PHONE

EMAIL

ADDRESS

CITY / STATE / ZIP

EMERGENCY CONTACT NAME

EMERGENCY CONTACT PHONE

## 2. SERVICES & COMMITMENTS

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### *What your trainer will do*

- Provide personal training — one-on-one, or partner training (1:2) for couples or pairs of friends — including instruction, fitness assessment, exercise programming, and motivation. (For partner sessions, each participant completes their own packet, even though one client purchases the subscription.)
- Maintain a monthly log of training hours and exercises performed.
- Give you at least 24 hours notice of any necessary schedule changes.
- Arrive on time and deliver an uninterrupted workout.
- If your trainer is ill or otherwise unable to attend, communicate with you to reschedule promptly.

### *What you (the client) agree to do*

- Engage fully in training and work diligently toward the goals you and your trainer agree on.
- Arrive on time and ready to train.
- Promptly inform your trainer of any change in medical condition, injury, or medication.
- Refrain from phone or smart-device use during training sessions.
- Maintain a current and accurate Resolve Change Health & Nutrition Intake (Document 2) on file with your trainer.
- Comply with the scheduling, attendance, and payment terms in section 3 below.

## 3. SCHEDULING, FEES & CANCELLATION

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### *Scheduling & attendance*

1. Sessions must be scheduled at least 24 hours in advance. Same-day reschedules are not permitted.
2. Both client and trainer are committed to each scheduled time slot.

3. If you give less than 24 hours notice to reschedule, the session is forfeited and will not be rescheduled, except in the case of dire emergency or illness.
4. **15-minute rule.** If the client arrives more than 15 minutes late, the session is automatically forfeited. There are no exceptions to this rule.
5. All sessions must be completed within the billing cycle in which they fall. Unused sessions do not carry over.

#### *Fees & billing*

6. Subscription fees are billed monthly through Stripe and are due prior to the first session of each cycle.
7. Subscription fees are non-refundable.
8. Subscription fees recur automatically unless otherwise specified at purchase.
9. Fees are subject to change with 30 days notice to existing subscribers.

#### *Cancellation*

10. You may cancel your subscription by giving 30 days written notice from the cancellation date. Service and billing continue through the 30-day notice period. Partial refunds are not issued for unused time within the notice period.
11. Cancellation requests should be sent in writing to **info@resolvechange.com**.
12. If you do not provide 30 days written notice before your next billing date, you remain responsible for that billing cycle and will not receive a refund.

#### *Holiday closures*

Resolve Change LLC is closed on the following major US holidays. Sessions that would otherwise fall on these dates are not available for makeup.

*New Year's Eve · New Year's Day · Martin Luther King Jr. Day · Memorial Day · Independence Day (July 4) · Labor Day · Veterans Day · Thanksgiving · Christmas*

## **4. INFORMED CONSENT FOR EXERCISE**

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I voluntarily agree to participate in a personal training program with Resolve Change LLC.

**What the program involves.** My trainer will provide instruction on conditioning exercises, the use of fitness equipment, and the regulation of physical effort. The level of exercise I perform will be matched to my cardiorespiratory and muscular fitness. I may be asked to complete an initial assessment so my trainer can build an appropriate program. Depending on my health status, my heart rate or blood pressure may be monitored during sessions.

**Risks I acknowledge.** I understand that exercise carries inherent risks. These include, but are not limited to:

- Abnormal blood pressure, fainting, dizziness, or disturbances of heart rhythm.
- In rare cases, heart attack, stroke, or even death.
- Injury to muscles, ligaments, tendons, joints, or bones.

I understand that my trainer will work to minimize these risks through proper assessment, supervision, and instruction, and that I am responsible for controlling my own effort and reporting any symptoms.

**My right to stop.** I may decrease or stop exercising at any time. If I experience symptoms such as chest discomfort, shortness of breath, dizziness, or unusual fatigue, I will inform my trainer immediately. My trainer may also pause or end a session if they judge it unsafe to continue.

**Physical contact.** I understand that during training, my trainer may need to touch or reposition my body to assess my form, ensure proper technique, or correct alignment. I expressly consent to this contact for those purposes.

**Confidentiality.** Information collected as part of my training program — including my health history, measurements, and progress data — will be kept confidential and used only by my trainer to evaluate my needs and progress. Any non-identifying information may be used for internal review or aggregate reporting.

**Benefits and freedom of consent.** I understand that this program may improve my fitness and general health, but is not guaranteed to do so. I have had the opportunity to ask questions about the program. I have read this section, understand what it covers, and consent freely to participate.

## 5. PHOTO, VIDEO & TESTIMONIAL RELEASE (OPTIONAL)

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Resolve Change LLC may photograph or record clients during training sessions, and may receive testimonials from clients about their experience. Granting this release is optional — declining does not affect your enrollment. Mark one below.

**I CONSENT** — I grant Resolve Change LLC and its representatives perpetual, unrestricted, royalty-free permission to use my name, image, voice, likeness, and any testimonial I provide, in any medium and for any purpose (advertising, marketing, education, fundraising, publicity). I waive any rights to approve final use, any claim to compensation for that use, and any claim for libel or invasion of privacy related to that use. I am at least 18 and understand this consent is perpetual.

**I DECLINE** — I do not consent to the use of my image, voice, or testimonials by Resolve Change LLC for marketing or other public purposes. My enrollment is unaffected.

## 6. ACKNOWLEDGMENT & SIGNATURE

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By signing below — or, in the case of online enrollment, by purchasing or updating a subscription with Resolve Change LLC — I acknowledge that:

- I have read and agree to the Service Agreement (sections 2 and 3).
- I have read and agree to the Informed Consent for Exercise (section 4).
- I have completed the Resolve Change Health & Nutrition Intake (Document 2).
- I have made my election on the Photo, Video & Testimonial Release (section 5).

I understand that purchasing or updating a subscription with Resolve Change LLC through the platform at [resolvechange.com](https://resolvechange.com) constitutes my electronic signature on this Agreement.

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CLIENT NAME (PRINTED)

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DATE

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CLIENT SIGNATURE

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TRAINER NAME (PRINTED)

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DATE

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TRAINER SIGNATURE



# Health & Nutrition Intake

NEW CLIENT ONBOARDING · DOCUMENT 2 OF 2 · FOLLOWS ACSM RISK STRATIFICATION

Please answer accurately — your responses help your trainer design a safe and effective program. Contact information is on Document 1; this form requests vitals and medical history only.

## 1. VITALS SNAPSHOT

AGE

GENDER

HEIGHT

WEIGHT

BMI (TRAINER)

PRIMARY CARE PHYSICIAN

PHONE

## 2. MEDICAL HISTORY

Circle Yes or No. If Yes, briefly describe in the space provided after the section.

### Cardiac & vascular history

1. Have you ever had a definite or suspected heart attack or stroke?  Yes  No
2. Have you ever had coronary bypass surgery or any other type of heart surgery?  Yes  No
3. Do you have any cardiovascular or pulmonary (lung) disease, other than asthma, allergies, or mitral valve prolapse?  Yes  No
4. Have you ever been told that you have an abnormal resting or exercise (treadmill) ECG/EKG?  Yes  No
5. Are you currently under treatment for any blood clots?  Yes  No

Current symptoms — do you currently experience any of the following?

- 6a. Pain or discomfort in the chest or surrounding areas during physical activity?  Yes  No
- 6b. Shortness of breath?  Yes  No
- 6c. Unexplained dizziness or fainting?  Yes  No
- 6d. Difficulty breathing at night except in an upright position?  Yes  No
- 6e. Recurrent ankle swelling unrelated to injury?  Yes  No
- 6f. Heart palpitations (irregularity or racing) on more than one occasion?  Yes  No
- 6g. Pain in the legs that causes you to stop walking (claudication)?  Yes  No
- 6h. A known heart murmur?  Yes  No
7. Have you discussed any of the above symptoms with your physician?  Yes  No

### Family history

8. Has your father or any brother had heart disease before age 55, or your mother or any sister before age 65?  Yes  No
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*Metabolic & blood pressure*

9. Diabetes, thyroid, kidney, or liver disease? (circle which: diabetes / thyroid / kidney / liver)  Yes  No
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10. In the past 12 months, has a healthcare professional told you that you have high blood pressure (systolic > 140 or diastolic > 90)?  Yes  No
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11. Do you currently have high blood pressure, or have you taken BP medication in the past 12 months?  Yes  No
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12. Have you ever been told you have a fasting blood glucose of 110 mg/dL or higher?  Yes  No
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13. High blood cholesterol or abnormal lipids in the past 12 months, or are you on lipid medication?  Yes  No
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*Lifestyle & general*

14. Do you currently smoke cigarettes, or have you quit within the past 6 months?  Yes  No
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15. Are you pregnant, or is it likely that you could become pregnant at this time? (if yes, due date: \_\_\_\_\_)  Yes  No
- 
16. Surgery or diagnosis with any disease in the past 3 months? (if yes, date / surgery / disease: \_\_\_\_\_)  Yes  No
- 
17. Unexplained weight loss or gain greater than 10 pounds in the past 6 months?  Yes  No
- 

*Musculoskeletal & other*

18. Problems with bones, joints, or muscles that may be aggravated by exercise?  Yes  No
- 
19. Any back or neck problems?  Yes  No
- 
20. Has a healthcare professional ever told you that you should not exercise?  Yes  No
- 
21. Are you currently being treated for any other medical condition by a physician?  Yes  No
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22. Other conditions (mitral valve prolapse, epilepsy, rheumatic fever, asthma, cancer, anemia, hepatitis, etc.) that may affect exercise ability?  Yes  No
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*Explain any "Yes" answers above*

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**3. MEDICATIONS**

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List all prescription and over-the-counter medications you are currently taking.

MEDICATION

REASON

DOSAGE

FREQUENCY

23. Are there any medications your physician has prescribed in the past 12 months that you are not currently taking? (if yes, please list)  Yes  No

4. ACTIVITY BASELINE

TYPE OF REGULAR EXERCISE

DAYS PER WEEK

MINUTES PER SESSION

Low  Moderate  High  
INTENSITY

5. FOOD ALLERGIES & DIETARY NEEDS (MEAL PLANNING CLIENTS ONLY)

*Skip this section if your subscription does not include Meal Planning.*

24. Food allergies (list all):

25. Food intolerances (list all):

26. Other dietary needs or restrictions (vegetarian, vegan, religious, medical):

27. For any allergy listed, the type of contact that causes a reaction:

- Airborne  Trace cross-contact  Actual ingestion

Please explain:

## 6. ATTESTATION & SIGNATURE

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I have answered the questions above accurately and completely. I understand that my medical history is a significant factor in the safe design of my fitness program, and that any condition I do not disclose may put me at risk of injury. If any of my health information changes after I complete this intake, I will inform my trainer promptly. I knowingly assume the risk of any injury that results from my failure to disclose accurate, complete, and current information here.

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CLIENT NAME (PRINTED)

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DATE

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CLIENT SIGNATURE

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TRAINER NAME (PRINTED)

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DATE

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TRAINER SIGNATURE

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### FOR TRAINER USE ONLY — ACSM RISK STRATIFICATION

#### Major coronary risk factors (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Lipids (TCH > 200 or HDL < 35) | <input type="checkbox"/> Family hx of early heart disease |
| <input type="checkbox"/> Diabetes / glucose $\geq$ 110  | <input type="checkbox"/> BMI > 30                         |
| <input type="checkbox"/> Metabolic disease              | <input type="checkbox"/> Signs/symptoms CV disease        |
| <input type="checkbox"/> Cardiovascular disease         | <input type="checkbox"/> Cigarette smoking                |
| <input type="checkbox"/> HTN / on BP medication         | <input type="checkbox"/> Sedentary                        |
| <input type="checkbox"/> Pregnancy                      | <input type="checkbox"/> Respiratory disease              |

#### Risk stratification key (ACSM):

- YES to any of #1–4 → **KNOWN DISEASE**. Medical clearance required.
- YES to any of #6a–6h → **HIGH RISK W/ SIGNS/SYMPTOMS**. Medical clearance required.
- YES to two or more of #9–14 → **HIGH RISK W/O SIGNS/SYMPTOMS**. Medical clearance required.
- All other answers at trainer's discretion. *When in doubt, refer out.*