



Thank you for taking the time to fill out the questionnaire for Betsy McNally's "Journey to Fitness" Programs! I am excited to help you achieve your goals and attain a healthy balance in your life!

As soon as I receive your information, I will have your program out to you within 2-3 working business days, normally sooner than that depending on my availability and schedule. Please feel free to call or email me at any time during the process of the program! I am so excited to work with you! Please print, fill out and scan this document listed below.

Thanks  
Betsy McNally  
513-907-4641  
coach@betsymcnally.com

## Questionnaire For Nutrition and Fitness Plan

Name:

Date:

Program Selected:

Age:

City of Residence

Occupation:

Phone numbers: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

What are your short term fitness goals:

What are your long term fitness goals:

Do you have any injuries or restrictions for training?

What is your current workout schedule and level/ability?

Do you have access to a gym/track/weights? Will you be training at home? If so what equipment do you have?

How much time a day and how many days a week can you dedicate to cardio and weight training (both):

What are your problem areas, what would you like to change?

What has given you the best results in the past as far as a workout plan goes?

Do you have basic knowledge of weight training exercises and cardio?

Do you have any injuries?

## **NUTRITION**

Do you have any food allergies?

Do you have any scheduling issues that may hinder your ability to eat every two to three hours?

Are you willing to prepare and pack food ahead of time? Do you cook?

Do you currently drink alcohol? If so how much?

What is your current diet, be specific as to time of day, specific foods etc. *(Please be honest as this will give me a good understanding of where we are starting from and what will give you the best results.)*

List foods you WILL NOT EAT:

List the foods that you crave or things that trigger bad eating:

List foods that you like, give as many as possible:

Fruits:

Vegetables:

Carbohydrates/Grains :

Meat/Protein:

Legumes/Nuts and Fats

Dairy:

Drinks/Beverages

Other?

Your cravings are:

Current Medications you are taking:

List all supplements you are taking:

Anything else you need me to know in preparation for planning your meal plan?

## **WAIVER AND RELEASE, ASSUMPTION OF RISK AGREEMENT AND PARENTAL INDEMNIFICATION AGREEMENT**

In consideration of me being permitted to participate in any way in the Betsy McNally LLC Personal Training Activities ("Activity"), I agree:

1. I understand the nature of Strength & Conditioning or Personal Training activities and believe I am qualified to participate in such Activity. I further acknowledge that I am aware the activity will be conducted at my home or in a studio during the Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. I FULLY UNDERSTAND that: (a) Strength & Conditioning and Personal Training Activities involve risks and dangers of SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses

either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my Participation in the Activity.

3. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Betsy McNally LLC

4. , any respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF

THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

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Printed Name of Participant Signature of Participant Date

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Printed Name of Witness

## **PARENTAL CONSENT AND INDEMNIFICATION AGREEMENT**

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such "activity". I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this

release, I, the minor, or anyone on the minor's behalf makes a claims against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

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Printed Name of Parent/Guardian Signature of Parent/Guardian Date