



TRAINING AGREEMENT

Date: _____

Name: _____

E-Mail: _____

Address: _____

Home Phone: _____

City: _____

Cell Phone: _____

Zip Code: _____

Birthdate: _____

PROGRAM INFORMATION

Monthly Contract / Package: _____

** My Doctor, _____ has given me permission to start an exercise program developed by Heather Gollnick and Rev3 Coaching.

I _____ agree to pay _____ per _____ to IronEdge Coaching. If I do not fulfill the entire contract I understand my payment price will go up to the individual session contract fee. I realize that it may take up to three months to see results. I am making this commitment to Rev3 Coaching and myself to give 100% effort.

(Name – Please Print)

(Signature – Date)



AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the activities and programs of Rev3 Coaching and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Rev3 Coaching (IronEdge) and its employees and representatives from any kind of responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities.

(If correct and you understand and agree initial here _____).

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities using equipment and machinery with knowledge of these dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(Please initial here if you agree _____).

3. I hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the recommendation for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that you have a yearly or more frequent physical examination and consultation with your physician as to participation in physical activity, exercise and use of exercise and training equipment. I also acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in fitness activities including the use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Date

Signature



Rev3 COACHING – TRIATHLON ASSESSMENT

Triathlon Assessment

Score each of the following racing abilities and miscellaneous factors on a scale of 1 to 5 using the following guidelines. Circle the selection that best describes you in relation to your competition.

1 = among the worst in my race category

3 = about the same as others in my race category

5 = among the best in my race category

Abilities/ Techniques	SWIM					BIKE					RUN				
Endurance	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Force	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Speed	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Muscular Endurance	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Anaerobic Endurance	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Power	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Technique	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

Miscellaneous Factors	SWIM					BIKE					RUN				
Time to Train	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Injuries	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Health	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Body Strength	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Flexibility	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Mental Skills	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Nutrition	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Body Composition	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5



Rev3 Coaching – TRIATHLETE NATURAL ABILITIES PROFILE

Read each statement below and decide if you agree or disagree as it applies to you.
Check the appropriate answer. If unsure, go with your initial feeling

(A = Agree) (D = Disagree)

- | A | D | |
|-----|-----|--|
| ___ | ___ | 1. I prefer to ride in a bigger gear with a lower cadence than most of my training partners. |
| ___ | ___ | 2. The shorter the race, the better I perform |
| ___ | ___ | 3. As the intervals get shorter, the better I perform |
| ___ | ___ | 4. I'm stronger at the end of long workouts than my training partners |
| ___ | ___ | 5. I can squat or leg press more weight than most in my category |
| ___ | ___ | 6. I prefer long races |
| ___ | ___ | 7. I run and bike in the hills better than most in my age group |
| ___ | ___ | 8. I enjoy high-volume training weeks |
| ___ | ___ | 9. My running stride is short and quick |
| ___ | ___ | 10. I have always been better at sprints than at endurance |
| ___ | ___ | 11. In most sports, I've finished stronger than most others |
| ___ | ___ | 12. I'm more muscular than most triathletes of my age and sex |
| ___ | ___ | 13. I'm better at swimming in rough water than others in my age group |
| ___ | ___ | 14. I prefer workouts that are short, but fast |
| ___ | ___ | 15. I'm confident of my endurance at the start of long races |

SCORING: For each of the following sets of statements, count the number of "Agree" answers you checked.

STATEMENT NUMBERS:

- | | | |
|------------------|--------------------------|-----------------|
| 1, 5, 7, 12, 13: | Number of "Agrees" _____ | Force Score |
| 2, 3, 9, 10, 14: | Number of "Agrees" _____ | Speed Score |
| 4, 6, 8, 11, 15: | Number of "Agrees" _____ | Endurance Score |



Rev3 Coaching – PHYSICAL ACTIVITY INDEX

Calculate your activity index by measuring your score for each category for an average week

	<u>Score</u>	<u>Activity</u>
Intensity	5	Sustained heavy breathing and perspiration
	4	Intermittent heavy breathing and perspiration
	3	Moderately heavy (Stairmaster, recreational sport)
	2	Moderate (volleyball, softball)
	1	Light (fishing)
Duration	4	Over 40 minutes
	3	30 to 40 minutes
	2	15 to 30 minutes
	1	less than 15 minutes
Frequency	5	6-7 times per week
	4	4-5 times per week
	3	2-3 times per week
	2	one time per week
	1	few times per month

INTENSITY x DURATION x FREQUENCY = Total Score

Your Score

_____ x _____ x _____ = _____

EVALUATION of ACTIVITY SCORE

<u>Score</u>	<u>Evaluation</u>	<u>Activity Category</u>
100	Excellent – Keep it up	Very High
80-99	Very Active Lifestyle	High
60-79	Active and Healthy	Very Good
40-59	Acceptable	Fair
20-39	Not good enough	Poor
Under 19	Sedentary	



REV3 – PERSONAL TRAINING QUESTIONNAIRE

Client Name: _____

Date: _____

Rank your goals in undertaking exercise. What do you want exercise to do for you? Use the following scale to rate each goal separately.

	Somewhat Important										
Not at all Important	1	2	3	4	5	6	7	8	9	10	Extremely Important
_____	A.	Improve Cardiovascular Fitness									
_____	B.	Body Fat – Weight Loss									
_____	C.	Reshape or tone my Body									
_____	D.	Improve Performance for Specific Sport / Triathlon									
_____	E.	Improve moods and ability to cope with stress									
_____	F.	Improve Flexibility									
_____	G.	Increase Strength									
_____	H.	Increase Energy Level									
_____	I.	Feel Better Physically									
_____	J.	Enjoyment									
_____	K.	Other									

If other reason, please note: _____



Please answer these questions on a separate piece of paper as complete as possible.

The time you put into answering these questions is very valuable in determining a winning plan.

1. List your race schedule for the next few months, including rating of race importance (A, B, or C) date, distance, a brief description of the course, and any other pertinent information.
2. List any specific race goals? (i.e., run a 38:00 10k off the bike or draft someone on the swim)
3. List what you have done for training the past four weeks – six weeks. This will help me get an idea of what type of training you have been doing so that we can properly progress with a program for you. Please estimate duration or miles and intensity.
Frequency / Duration / Intensity (For intensity please see Intensity Training Chart)
4. How was your recovery during the last month? Did you feel tired? Sore? If so, when in the week did you feel this way and were there enough easy days and rest days in between your hard days?
5. Are there any unusual stresses this month (e.g. extra work hours, ill family member, poor sleep, increased job stress, etc) that might affect your training and recovery?
6. In your training do you use a Heartrate Monitor? Y or N
Would you purchase one if you don't? If no go on to question #7
If Yes, do you follow your specific Heartrate Training percentage zones? Y or N
7. What areas of your training/ racing do you think need the most attention in the next month?
8. Did you race during the past month? How did they go? What went well? What went poorly?
9. Describe any injuries (include minor aches).
10. Is there any other information we should have before developing your training program?
11. Are you currently doing any type of strength training program?
12. Have you been underwater video-taped? (swim stroke analysis)
13. Have you been analyzed as a cyclist? (Spin Scan or Power Mode)
14. Is there a typical schedule that you follow? ie, Monday or Sunday an OFF Day or I ride with a particular group on Saturday, etc... If so please explain