

# New Athlete Questionnaire

Welcome!

I look forward to helping you reach your goals! The information you share here will help understand you a bit better to make a plan that works for you. The more detail you provide, the better I can personalize your program to fit your needs.

Thanks!

*\* Indicates required question*

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1. Email \*

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## Personal Information

2. Full name \*

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3. Birthday \*

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*Example: January 7, 2019*

4. Gender \*

*please also let me know your preferred pronouns*

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5. Phone number \*

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6. Contact Preference \*

*Check all that apply.*

☐ Text

☐ Phone call

☐ Email

☐ Other: 

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7. Emergency Contact (name, phone) \*

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## Health and Medical

8. Do you have a chronic condition or respiratory illness or other health issue that could impact training? If so, please explain. \*

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9. Have you had surgery on or a serious past injuries to on a bone, joint or tendon? \*

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10. Do you have a history of sports related injuries? Please explain and include treatments and what aggravates injuries. \*

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11. Are you on any medications or receiving any treatments that may impact your training? \*

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12. Do you track health metrics, such as sleep, hrv and rhr on a training device like Garmin or Whoop? \*

*If known, please provide baseline ranges for the following metrics:*

*Mark only one oval.*

☐ Yes

☐ No     *Skip to question 19*

13. Mental health symptoms are common in athletes and range from sleep or eating disorders to anxiety or depression. Stuart Coaching supports your overall wellbeing, both physical and mental. If you experience a mental health challenge, or have a diagnosis, you may include details here if you are comfortable, or discuss it with your coach at any time in a private conversation.

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#### Health Metrics

Please enter metrics if known. Some of these metrics are gathered by Garmin and included in TrainingPeaks, so it is helpful for me to have a baseline to note any changes.

14. Resting Heart Rate

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15. Heart Rate Variability

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16. Vo2Max

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17. Hours of Sleep

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18. Sleep Quality

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#### Lifestyle

*This section helps me understand where all your time goes*

19. What is your occupation? \*

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20. If you work, how many hours a week?

*Check all that apply.*

- ☐ Part Time (1-20)  
☐ Full Time (20-40)  
☐ Overtime (40-60)  
☐ Other: \_\_\_\_\_

21. Rate your job's stress level ?

*Mark only one oval.*

|      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                 |
|------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|
|      | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |                 |
| Pure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Total Overwhelm |

22. Describe your work environment

*Please give me an idea of your work environment, and if you have specific busy times or events (on call, work travel, busy season) that should be considered in your plan, please list dates below AND add these dates to TrainingPeaks using the Availability Feature.*

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23. Dates for any upcoming training conflicts

*If you have a big event (vacation, work travel, kid graduating, moving, busy season at work etc. that should be considered in your plan, please list dates below AND add these dates to TrainingPeaks using the Availability Feature.*

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24. Do you have other regular obligations outside of work that may affect your training?

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25. How supportive is your family, work or close circle regarding training and competition?

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26. Are there any current life stressors (work, finances, relationships, family health, etc) that might impact your ability to train or compete?

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27. How do you manage your time effectively to fit training into your lifestyle?

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#### Exercise Schedule/Availability

28. What is your training availability on Weekdays?

*Mark only one oval.*

- ☐ Less than 45 min a day
- ☐ 60-90 minutes a day
- ☐ 90-120 minutes a day
- ☐ Sky is the limit
- ☐ Other: \_\_\_\_\_

29. What is your training availability on Weekends?

*Mark only one oval.*

- ☐ Less than 45 min a day
- ☐ 60-90 minutes a day
- ☐ 90-120 minutes a day
- ☐ Sky is the limit
- ☐ Other: \_\_\_\_\_

30. Hours per week that you will be available to exercise at peak (6 weeks of event) \*

*Mark only one oval.*

- ☐ Less than 3 hours
- ☐ 3-6 hours
- ☐ 6-10 hours
- ☐ 11-15 hours
- ☐ More than 15 hours

31. What is your preferred day(s) off

*Check all that apply.*

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

32. What is your preferred long days?

*Check all that apply.*

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

33. Availability \*

Indicate your preference for each discipline and double days. This section is important so please provide further details below if needed.

Check all that apply.

|                 | Monday                   | Tuesday                  | Wednesday                | Thursday                 | Friday                   | Saturday                 | Sunday                   |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Swim            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bike            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Run             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strength        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Double Sessions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

34. Would you like me to know anything else about your weekly schedule?

35. Do you train with friends, or solo?

Mark only one oval.

- ☐ Mostly solo
- ☐ Mostly with friends / training group
- ☐ A mix of both

Athletic History

36. Summarize your athletic history \*

37. What is your level of experience in triathlon? \*

Mark only one oval.

- ☐ Beginner
- ☐ Intermediate
- ☐ Advanced
- ☐ Elite
- ☐ Returning

38. What do you believe are your triathlon strengths? What do you think may be a weakness? \*

Think further than just physical strengths and weaknesses. This is your athlete SWOT analysis - in general, what is working for you and what do we need to work on this season?

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Goals

39. What is your A Race, what drew you to this event, and what does success look like in this event? \*

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40. List your supporting events in order of priority. What does success look like for supporting events? \*

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41. Are you happy with your past performances? If not, why are you disappointed? \*

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42. What is holding you back the most? Be specific and include at least three in order of importance. (i.e. motivation, injury, scheduling, consistency, etc) \*

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43. Why are racing goals important? What motivates you to stick to goals? \*

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44. How have you adjusted goals in the past when you've encountered setbacks? \*

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45. Do you have non-racing goals for next year? If so, what are they and why do they matter to you? \*

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#### Swimming

46. What is your experience with swimming? Include how many years you've been swimming and your longest swim to date.

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47. Current weekly frequency, duration and pace (if known)

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48. Do you plan to join a masters swim program?

If so, please include details of the days/times and what you know of the swim workout plan.

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49. What are your swim strengths and weaknesses?

50. Do you have access to a pool and/or open water?

51. What swim training equipment do you own or can you access?

Check all that apply.

- ☐ Pull Buoy
- ☐ Fins
- ☐ Kickboard
- ☐ Paddles

52. Swim Skills – Rate your comfort and experience level

Add 1 if you feel very uncomfortable or inexperienced, and 5 if you feel very confident. You can also add comments below.

Mark only one oval per row.

|                            | 1 – Very<br>Uncomfortable<br>/ Beginner | 2                     | 3                     | 4                     | 5 – Very<br>Comfortable<br>/<br>Experienced | Don't<br>know         |
|----------------------------|-----------------------------------------|-----------------------|-----------------------|-----------------------|---------------------------------------------|-----------------------|
| Open<br>Water<br>Swimming  | <input type="radio"/>                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                       | <input type="radio"/> |
| Swimming<br>in Wetsuit     | <input type="radio"/>                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                       | <input type="radio"/> |
| Swimming<br>in Pool        | <input type="radio"/>                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                       | <input type="radio"/> |
| Cold Water                 | <input type="radio"/>                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                       | <input type="radio"/> |
| Choppy or<br>Wavy<br>Water | <input type="radio"/>                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                       | <input type="radio"/> |
| Salt Water                 | <input type="radio"/>                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                       | <input type="radio"/> |
| Murky or<br>Weedy<br>Water | <input type="radio"/>                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>                       | <input type="radio"/> |

Pacing

|                                                   |                       |                       |                       |                       |                       |                       |
|---------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Range (distance)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interpreting                                      |                       |                       |                       |                       |                       |                       |
| Swimming Workouts                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Effort                                            |                       |                       |                       |                       |                       |                       |
| Outputs (Zones, Pacing, etc.)                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Use of                                            |                       |                       |                       |                       |                       |                       |
| Swimming Equipment (fins, paddles, snorkel, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Knowledge of Swimming Strokes                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

53. Anything else you want me to know about swimming?

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#### Biking

54. What is your cycling experience? Include how long you've been biking, what types of biking you enjoy and your longest ride to date.

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55. Do you know your current FTP or LT1? When was the last time you tested?

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56. Current frequency and duration of bike training sessions

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*Skill level: 1 = Beginner / Uncomfortable | 5 = Experienced / Comfortable | N/A = Not applicable or don't know*

[illegible]

|                                                      |                       |                       |                       |                       |                       |                       |
|------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Mounting /<br>Dismounting                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Effort<br>Outputs (HR<br>Zones, RPE,<br>Pace, Watts) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clipping in<br>and out                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Taking<br>Nutrition<br>While Riding                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Changing a<br>Tire                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Basic Bike<br>Maintenance                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

59. What kind of bikes do you ride? Please list the make, model and bike type (TT, road, gravel, mountain, fat)

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60. What model of GPS device/watch do you use? (Garmin, Wahoo, etc)

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61. Do you have or use any of the following cycling equipment?

Mark only one oval per row.

|                               | Yes                   | No                    |
|-------------------------------|-----------------------|-----------------------|
| Indoor<br>trainer<br>(manual) | <input type="radio"/> | <input type="radio"/> |
| Smart<br>trainer              | <input type="radio"/> | <input type="radio"/> |
| Power<br>meter                | <input type="radio"/> | <input type="radio"/> |
| Bike<br>computer              | <input type="radio"/> | <input type="radio"/> |
| Cadence<br>sensor             | <input type="radio"/> | <input type="radio"/> |
| Heart<br>rate chest<br>strap  | <input type="radio"/> | <input type="radio"/> |

62. Are you currently using an indoor training program such as Zwift or TrainerRoad?

*TrainingPeaks Virtual subscription is included with your coaching fee, but you may continue to use another program if that is your preference.*

\_\_\_\_\_

63. Have you ever had professional bike fitting? If so, when?

\_\_\_\_\_

#### Running

64. What is your running story? How many years have you been running? What is your longest run to date?

\_\_\_\_\_

65. Mileage per week in the last 3 months?

\_\_\_\_\_

66. Do you run with a training group?

*Mark only one oval.*

- ☐ Yes
- ☐ No
- ☐ Occasionally

67. Access to run indoors? Track or Tread?

*Mark only one oval.*

- ☐ Indoor track
- ☐ Treadmill
- ☐ Both
- ☐ No indoor access

68. Do you run with a power meter?

*Mark only one oval.*

- ☐ Yes
- ☐ No

69. What do you think are your running strengths and weaknesses?

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70. What brand of running shoes do you wear? Do you wear orthotics or supports in your shoes?

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71. Is there anything else you want me to know about running?

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72. Are you currently following a strength and conditioning program? If so, please explain.

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73. Rate your mobility

*Mark only one oval.*

1   2   3   4   5   6   7   8   9   10

Stiff ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Yoga Instructor

74. What strength and recovery equipment do you currently have access to?

*Check all that apply.*

- ☐ Resistance bands  
☐ Cable machines  
☐ Dumbbells / free weights  
☐ Kettlebells  
☐ Stability ball  
☐ Foam roller  
☐ Percussion massager  
☐ Recovery boots  
☐ Other: \_\_\_\_\_

75. Have you ever been taught proper weight lifting form?

*Mark only one oval.*

- ☐ Yes  
☐ No

76. What are your go-to recovery activities?  
(e.g., yoga, massage, foam rolling, stretching, meditation, percussion, etc.)

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77. Are you interested in one-on-one strength training or swim, bike or run training sessions?

Mark only one oval.

☐ Yes

☐ No

#### Other Stuff

78. Have you followed a training plan or worked with a coach previously? If so, what went well, and what you would have changed?

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79. Why did you decide to work with a coach?

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80. Anything else you'd like us to know (i.e. other equipment or software that you intend to use? Scheduling concern?)

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#### Determination of Limiters and Assessment of Basic Abilities

Read each statement below and check the box if you agree with the statement as it applies to you. If unsure, go with your initial feeling. You will answer similar questions for swim bike and run. This dives a bit more into your physical strengths and weaknesses

81. **Swim**

*Check all that apply.*

- ☐ I swim with a slow stroke rate.
- ☐ I prefer races with relatively short swims.
- ☐ As the swim intervals get shorter and quicker, I do better than others.
- ☐ I am stronger than my training partners at the end of a very long swim.
- ☐ I prefer long swim workouts to short swim workouts.
- ☐ I am stronger in the weight room than most athletes my size.
- ☐ I swim in rough water better than most athletes in my age group.
- ☐ I really enjoy high-volume swim training weeks.
- ☐ I consider my swim stroke to be short and quick.
- ☐ I have always been better at short, fast swim workouts than long endurance workouts.
- ☐ I finish long swim workouts better than most of my training partners.
- ☐ I am more muscular than most swimmers my age and gender.
- ☐ My upper body strength is quite good.
- ☐ I consider my swim technique to be very good.
- ☐ I am confident in my swim endurance at the start of a long workout.

82. **Bike**

*Check all that apply.*

- ☐ I bike with a low cadence.
- ☐ I prefer races with relatively short bike legs.
- ☐ As the bike intervals get shorter and quicker, I do better than others.
- ☐ I am stronger than my training partners at the end of a very long bike.
- ☐ I prefer long bike workouts to short bike workouts.
- ☐ I am stronger in the weight room than most athletes my size.
- ☐ I bike uphill better than most athletes in my age group.
- ☐ I really enjoy high-volume bike training weeks.
- ☐ I consider my bike cadence to be short and quick.
- ☐ I have always been better at short but fast bike workouts than long endurance workouts.
- ☐ I finish long bike workouts better than most of my training partners.
- ☐ I am more muscular than most cyclists my age and gender.
- ☐ My lower body strength is quite good.
- ☐ I consider my cycling technique to be very good.
- ☐ I am confident in my bike endurance at the start of a long workout.

83. Run

*Check all that apply.*

- ☐ I run with a low turnover/cadence.
- ☐ I prefer races with relatively short runs.
- ☐ As run intervals get shorter and quicker, I do better than others.
- ☐ I am stronger than my training partners at the end of a very long run.
- ☐ I prefer long run workouts to short run workouts.
- ☐ I am stronger in the weight room than most athletes my size.
- ☐ I run uphill better than most athletes in my age group.
- ☐ I really enjoy high-volume run training weeks.
- ☐ I consider my running cadence to be short and quick.
- ☐ I have always been better at short but fast run workouts than long endurance workouts.
- ☐ I finish long run workouts better than most of my training partners.
- ☐ I am more muscular than most runners my age and gender.
- ☐ My lower body strength is quite good.
- ☐ I consider my running technique to be very good.
- ☐ I am confident in my run endurance at the start of a long workout.

**Liability Waiver and Coaching Agreement**

*Almost done. Please review and select if you agree to the terms provided.*

84. Coaching Agreement \*

By indicating below, you (client) are entering into an agreement with 360 Blue, LLC (Stuart Coaching) 2421 Valentine Blvd. NE Grand Rapids, MI 49525 (coach) effective on the date indicated; whereby Coach agrees to provide Coaching Services to client. Coaching Services are performed through a structured, on-line training program designed to facilitate development of athletic goals.

1) Coach-Client Relationship

A. Coach agrees to provide Client with instruction based on current best practices in line with the physical abilities of the client. Coach agrees to keep the safety of Client as a foremost concern when developing workout sessions.

B. Client acknowledges that the activity he/she will undertake is a potentially dangerous activity and that by participating in they are exposed to certain risks. Client further acknowledges that they do not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent them from safely participating in Stuart Coaching training sessions or classes.

C. Client acknowledges that before starting this exercise program, consultation with a physician is recommended. Client acknowledges and understands that while participating in such activity;

- There is a risk of being injured, physically or mentally, or in rare events could lead to death;
- Personal property may be lost or damaged;
- Client may cause injury to other persons or damage their property;
- The conditions in which the activity is conducted may vary without warning;

D. Coach is not a certified dietitian, physical therapist or medical doctor, but may offer advice relating to sports nutrition or injury prevention/management. Client acknowledges that coaching does not involve diagnosis or treatment of physical conditions and that coaching is not a substitute for medical care. It is Client's exclusive responsibility to seek independent medical care as needed.

2) Services

The parties agree to engage in an online Coaching program. Communication shall occur via e-mail and by weekly scheduled phone calls. Calls shall be 20-30 minutes in length. Coach shall be available by email in between scheduled meetings and shall respond to messages within 24 hours.

Coach may be available if agreed upon by both parties, at a rate of \_\$75 per hour\_\_ for personal training, group sessions or one-on-one swimming, biking or running training sessions, that take place within a 25 mile radius of zip code 49525.

### 3) Schedule and Fees

Payment is due on the first of each month for services to be provided in the upcoming month. Payments can be made via cash or check written to Stuart Coaching 2421 Valentine Blvd. NE Grand Rapids, MI 49525. Payments can also be made via Venmo (kari\_stuart\_3) or Paypal ([kariannestuart@gmail.com](mailto:kariannestuart@gmail.com)) or via credit card.

If rates change before this agreement has been signed and dated, the prevailing rates will apply. No refunds shall be provided for coaching services once the Client has viewed a training plan.

### 4) Confidentiality

Coach agrees not to disclose any information pertaining to the Client without the Client's written consent. The Coach will not disclose the Client's name as a reference without the Client's consent.

Client agrees to keep confidential any trade secrets or propriety information associated with Stuart Coaching services, as well as medical or health-related information of other clients.

### 5) Term and Termination

A. This contract shall remain in effect until either party wishes to terminate. Either the Client or the Coach may terminate this Agreement at any time with 2 weeks written notice. Client agrees to compensate the Coach for all coaching services rendered through and including the effective date of termination of the coaching relationship.

*Check all that apply.*

☐ Agree

☐ Disagree

85. Indemnification and Release of Liability \*

1) Limited Liability

Except as expressly provided in this Agreement, the Coach makes no guarantees, representations or warranties of any kind or nature, express or implied with respect to the coaching services negotiated, agreed upon and rendered. In no event shall the Coach be liable to the Client for any indirect, consequential or special damages. Notwithstanding any damages that the Client may incur, the Coach's entire liability under this Agreement, and the Client's exclusive remedy, shall be limited to the amount actually paid by the Client to the Coach under this Agreement for all coaching services rendered through and including the termination date.

2) Entire Agreement

This document reflects the entire agreement between the Coach and the Client, and reflects a complete understanding of the parties with respect to the subject matter. This Agreement supersedes all prior written and oral representations. The Agreement may not be amended, altered or supplemented except in writing signed by both the Coach and the Client.

3) Indemnity

Client agrees to participate in the Stuart Coaching training program at their sole risk and responsibility. Client agrees to release, indemnify and hold harmless Stuart Coaching and its servants and agents, including IRONMAN U and World Triathlon Corporation, its affiliates and all their respective representatives from and against all and any actions or claims which may be made by Client or on Clients behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to Client or Clients property whether by negligence, breach of contract or in any way whatsoever.

4) Severability

If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If the Court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

5) Waiver

The failure of either party to enforce any provision of this Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

6) Applicable Law

This Agreement shall be governed and construed in accordance with the laws of the State of Michigan, Kent County, without giving effect to any conflicts of law's provisions. Dispute resolution will be required via mediation.

7) Binding Effect and Assignment

This Agreement shall be binding upon the parties hereto and their respective successors and permissible assigns. Client may not assign or otherwise transfer any of its rights relating to the contract.

*Check all that apply.*

☐ Agree

☐ Disagree

86. Full Name \*

*By typing your name, you affirm that you have read and fully understand the terms of this coaching agreement and liability waiver, and voluntarily agree to its contents. Typing your full name serves as a valid electronic signature under laws such as the [ESIGN Act](#) in the United States.*

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Thank you! Just a few more steps. Please complete the following

**TO ADAPT!**

1. Update your availability in TrainingPeaks.
2. Schedule a meeting with me (a few weeks from today) to go over your annual training plan: <https://calendar.app.google/KQoVhwg7hQjK4wfa6>
3. Review the New Athlete Guide:

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