



Name: _____ Phone: (H) _____ (W) _____

Birth date: _____ Sex: _____ Age: _____

Marital Status: Single Married Children: Yes No

Physician: _____ Phone: _____

Does your physician know you are participating in this exercise program? Yes No

Emergency contact: _____ Phone: _____ Relationship: _____

	Yes	No
Have you had heart surgery or a heart attack?		
History of heart problems, chest pain or stroke		
Have you ever had chest pain during physical activity?		
Do you tend to lose consciousness or lose balance as a result of dizziness?		
Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity		
Do you have bone or joint problems that could be aggravated by the proposed physical activity?		
Do you have difficulty walking up or down stairs?		
Are you taking any medications or drugs presently? If yes, elaborate below		
Increased blood pressure		
Any chronic illness or condition		
Difficulty with physical exercise		
Advice from physician not to exercise		
Recent surgery		
Are you pregnant now or have given birth in the past six months?		
History of breathing or lung problems		
Muscle, joint, back disorder		
Any previous injury still affecting you		
Diabetes or thyroid condition		
Cigarette smoking habit		
Increased blood cholesterol that you know of		
History of heart problems in the immediate family		
Occasional dizziness or fainting spells		
Hernia, or any condition that may be aggravated by lifting weights		
Are you aware through your own experience or the doctor's advice – of any physical reason why you should not exercise without medical approval?		

If you answered "yes" to the first six questions – please see your physician before starting any physical activity and return with a physicians note with specifics and limitations.

Please elaborate on any "yes" answers _____

What, if any, exercises have you been told to avoid? _____
What does your physician recommend? _____

Medications: _____



I have answered the medical background questions above truthfully, and understand there are inherent risks involved in exercise but this is my informed consent to continue. You agree to release and discharge me from any and all claims or causes of action (known or unknown) arising out my negligence. You acknowledge that you have carefully read this Waiver and Release and fully understand that it is a release of liability. You are waiving any right that you may have to bring a legal action to assert a claim against me for my negligence.



Signature: _____ Date: _____ Witness: _____



Informed Consent Form

"I, _____, have enrolled in a program of strenuous physical activity including, but not limited to, aerobic dance, weight training, stationary bicycling and the use of various aerobic conditioning machinery and methods. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program."

"I, _____, in consideration of my participation in a  exercise program, for myself, my heirs and assigns, hereby release  (its employees and owners), from any claims, demands and causes of action arising from my participation in the exercise program."

"I fully understand that I may injure myself as a result of my participation in a  exercise program and I, _____, hereby release  from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee / lower back / foot / elbow / neck / wrist / hand / ankle injuries, and any other illness, soreness, injury, or even death, however caused, occurring during or after my participation in the exercise program."

Signature

Witness

Date

I hereby affirm that I have read and fully understand the above.

Signature