

Client Health History and Release Form

Please fill out and return prior to your first session

Name: _____ Birth Date: _____ Gender: _____

Phone Number(s) Home: _____ Work: _____ Cell: _____

E-mail: _____

Employer: _____ Occupation: _____

In case of emergency, please notify:

Name: _____ Phone Number: _____ Relationship: _____

Please note: In order to assist you in the development of a rewarding physical fitness program, we need to have your honest and accurate responses.

Current fitness level: 1 2 3 4 5 (circle one, 5 being the best shape)

Goals for camp: _____

Are you under the care of a physician, chiropractor, or other health care professional for any reason? If yes, list reason:

Are you aware of any disease or disorder that would complicate your participation in a testing or exercise program?

Are you taking any medications? If yes please indicate the type of medication, dosage, frequency and reason(s) for taking it. _____

Please list any allergies: _____

Has your doctor ever said your blood pressure was too high? _____

Is there any reason not mentioned here why you should follow a modified exercise program? If so, please explain.

Please describe any past or current musculoskeletal conditions you have incurred such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort:

Head / Neck: _____

Upper Back: _____

Shoulder / Clavicle: _____

Arm / Elbow: _____

Wrist / Hand: _____

Lower Back: _____

Hip / Pelvis: _____

Thigh / Knee: _____

Lower Leg / Ankle / Foot: _____

Do you have immediate family history of any of the following conditions? (List relationship and what age)

Heart Disease _____ Heart Attack _____ Hypertension _____ Gout _____
Abnormal EKG _____ Asthma _____ High Cholesterol _____
Angina _____ Diabetes _____ other heart conditions _____

Do you have a family history of cardiovascular disease? If so, how many occurrences and what approximate ages?

Are you a smoker? If so, what is your smoking frequency? _____

Are you on any specific food / nutritional plan at this time? _____

Do you take dietary supplements? If yes, please list _____

How many beverages do you consume per day that contains caffeine? _____

Do you experience any frequent weight fluctuations? _____

Have you experienced a recent weight gain or loss? _____

If yes, list change _____ Over how long? _____

Please take a moment to carefully read the following information and sign where indicated

Terms and Conditions:

I _____, have voluntarily enrolled in a structured, training program offered by Melissa Korda. Melissa Korda agrees to provide workouts and other services as described in the agreement and the participant agrees to pay in full for said services.

Medical Opinion: I understand that Melissa Korda providing and maintaining a structured, fitness program for me does not constitute an acknowledgement, representation or indication of my physiological well-being or a medical opinion relating thereto.

Physician: I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of exercise equipment. I do hereby acknowledge that if I answered "Yes" to any of the conditions in the PARQ above, that I must get a physician's approval before I can participate in personal training program. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity and exercise. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the training activities and programs without the approval of my physician and do hereby assume all responsibility for my participation in said activities and programs. I further acknowledge that I have NOT been told by a physician that I may not participate in a rigorous exercise training program due to health conditions. I agree to disclose any physical limitations, disabilities, ailments or impairments which may affect my ability to participate in said sport-specific training program and any changes to this document's accuracy in the future. *Any changes to your health that limits your participation in the program will be addressed and the program adjusted for your needs. This does not constitute canceling any financial agreements.*

Non-compete Clause: The undersigned agrees to confidentially with respect to all aspect of Melissa Korda's fitness programs. Furthermore, the undersigned agrees to not disclose, directly or indirectly, any and all aspect any fitness programs. The undersigned agrees to a non-compete clause within a 30 mile radius of Melissa Korda's fitness bootcamp location or other fitness program locations for a period of 5 years from the date of last participation, refraining in any business venture or work with programs competing with bootcamps or other fitness program. The undersigned agrees hereby agrees that Melissa Korda shall be entitled to enforce the provisions of this agreement by any legal means.

My Responsibilities: I additionally acknowledge and understand the following personal obligations as a participant in personal training:

- To arrive to each camp session on time, and with a positive attitude
- Plan my weekly meals as nutrition is an important factor to achieving my fitness goals. This includes but not limited to eating before camp, 5-7 times a day focus on fruits, veggies and protein.
- To engage in appropriate pre-exercise warm-up and post-exercise cool-down stretching and flexibility exercises.
- Use exercise equipment, perform all exercises, and perform all activities only in the manner directed.
- Perform activities at the intensity level appropriate for my personal health and physical condition.
- **To immediately cease activity if I feel dizzy, nauseous, or faint, or experience rapid heartbeat, extreme shortness of breath, headache, or any other physical symptom that is unusual for me, and advise my instructor of occurrence of said symptoms.**
- Discuss with my instructor and my physician any changes in my medical condition that might affect my participation.
- I hereby agree to expressly assume and accept any and all risks of injury or death.

Risks: I have been informed of, understand and am aware that strength, agility and functional, sport-specific exercise, including the use of equipment, are potentially hazardous activities. I also have been informed of, understand and am aware that these activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment with full knowledge, understanding and appreciation of the danger involved. I, for myself and my heirs, hereby agree to expressly assume and accept any and all risks of injury or death and consent to participate in said program. I have been informed and understand that Melissa Korda, her agents, employees/sub-contractors and owners have no responsibility to detect factors that may increase illness or for particular participants in this training program.

I understand that the fitness training I receive is provided for the purpose of exercise instruction and guidance. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the trainer updated as to any changes in my medical profile, and understand that there shall not be liability on the trainer's part should I forget to do so. I understand that I have enrolled in a health and fitness program offered through Melissa Korda and affiliates. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any know disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by Melissa Korda and affiliates. In consideration of my participation in this program, I hereby release Melissa Korda and affiliates from any claims, demands, and causes of action as a result of my voluntary participation and enrollment of the provided group fitness training services and/or exercise classes. I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release Melissa Korda affiliates now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death.

I understand this is a legal document, and I hereby affirm that I have read, fully understand, and agree to all Terms and Conditions listed above and confirm that all information I have provided above and contained herein is accurate and true.

Signature _____ Date _____

Consent for minors is required prior to first session.

Signature of Guardian _____ Date _____

Printed name of Guardian _____ Phone: _____

PAR-Q and YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 to 69, the Par-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you are not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose Consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, neck, knee, or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know <u>any other reason</u> why you should not do physical activity?

if

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

you

- You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

answered

- Find out which community programs are safe and helpful to you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; **or**
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completion of this questionnaire, consult your doctor prior to physical activity.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

“I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.”

NAME: _____

SIGNATURE: _____

DATE: _____

SIGNATURE OF PARENT: _____
or GUARDIAN (for participants under the age of majority)

WITNESS: _____

NOTE: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

ParQ_0805