

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: _____
Home Address: _____
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 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 training: _____

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

Are you taking any medications? Reason for taking it? _____

Please list any allergies: _____

Please describe any past or current musculoskeletal conditions, injuries, surgeries or dysfunctions:

Head / Neck:
Upper Back:
Shoulder / Clavicle:
Arm / Elbow:
Wrist / Hand:
Lower Back:
Hip / Pelvis:
Thigh / Knee:
Lower Leg / Ankle / Foot:

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

cardiovascular disease:
Heart Attack:
Hypertension:
Gout:
Asthma:
High Cholesterol:
Diabetes:
Angina:
other heart conditions:

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

Terms and Conditions:

I _____, have been informed of, understand and am aware that this fitness program, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness 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 and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further 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 equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. 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, exercise and use of exercise equipment. 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 exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. I do hereby acknowledge that if I answered "Yes" to any of the conditions in the PARQ, that I must get a physician's approval before I can participate. I agree to disclose any physical limitations, disabilities, ailments or impairments which may affect my ability to participate in said program and any changes to this document's accuracy in the future.

I understand that Melissa Korda, her agents, employees/sub-contractors, affiliates and owners, providing and maintaining an exercise/fitness program for me does not constitute an acknowledgment, representation or indication of my physiological well-being or a medical opinion relating thereto.

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

- 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.
- **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.**

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 group fitness program. The undersigned agrees hereby agrees that Melissa Korda shall be entitled to enforce the provisions of this agreement by any legal means.

In consideration of being allowed to participate in the personal fitness training activities and programs of Fairwood Golf and Country Club and affiliates and to use its facilities, equipment and services, in addition to the payment of any fee or charge, I, for myself and my heirs, do hereby forever waive, release and discharge Melissa Korda and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims, demands, and causes of action for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any Wellness activities, programs or services or the use of any equipment at various sites, including home, provided by and/or recommended by Melissa Korda and affiliates.

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 _____

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
you
answered**

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 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.
- 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.