

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE & WAIVER

All information on this form will be treated as strictly confidential.
Please fill out the forms *completely* and *accurately*.



NAME: _____ DOB: _____ TODAY'S DATE: _____

HOME ADDRESS: _____

MOBILE PHONE: _____ EMAIL: _____

EMERGENCY CONTACT & PHONE NUMBER: _____

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|--|-----|----|
| 1) Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? | YES | NO |
| 2) Have you had chest pain when you were or were not doing physical activity? | YES | NO |
| 3) Do you lose your balance due to dizziness or do you ever lose consciousness? | YES | NO |
| 4) Do you have a bone, joint or other problem that causes you pain or any limitations to address when developing a program (e.g. arthritis, high blood pressure, high cholesterol, osteoporosis, anorexia, anemia, epilepsy, respiratory ailments, back problems, etc.)? | YES | NO |
| 5) Have you had a recent surgery? | YES | NO |
| 6) Do you take any medications that might affect your physical performance or well-being? | YES | NO |

7) If you have marked YES to any of the above, please elaborate below. Also list any other information your trainer should know about your health and/or fitness levels:

TERMS & CONDITIONS:

I, _____, wish to participate in the exercise and training program offered by Fitness Fetish(PTY) Ltd. I understand there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date such approval was given which might affect my ability to participate in the fitness program. If a physician has not examined me, I agree to see a physician within sixty (60) days of the date set forth below to obtain his/her approval for my participation in a fitness program. I agree that Fitness Fetish(PTY) Ltd. shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge Fitness Fetish(PTY)Ltd. and its owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Trainer.

I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I understand that during a training session, my trainer may have to use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that my trainer discontinue using this technique.

I understand that the usage of any nutritional supplements is done under my own will.

I understand that Fitness Fetish(PTY)Ltd. may photograph and/or film their client events/sessions and I agree to allow them to use these pictures, films, and/or likenesses of me for promotional purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform Fitness Fetish(PTY) Ltd. of this in writing.

I have read the statements of this legal document, understood the statements of this legal document and agree with its terms and conditions. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms and conditions are not binding upon Fitness Fetish(PTY)Ltd., its officers, agents and/or employees. I have voluntarily signed it and execute it voluntarily with full knowledge of its meaning, its significance and implications.

LEGAL NAME _____ (PRINT CLEARLY) SIGNATURE _____ (OR THAT OF GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OLD)

TODAY'S DATE _____