



# Fitness Program Health History Questionnaire

[PLEASE PRINT CLEARLY]

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birth Date: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Emergency Contact Relationship: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_  
 How did you hear about us?  Another client  Newspaper  Email  Local Magazine  Internet  Event  
 Other

For Athletes under 18 years old:  
 Name of Parent to Contact for Payment: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently exercising? Yes or No (*circle*) Number of days weekly: \_\_\_\_\_ Length of each session: \_\_\_\_\_  
 Does it include weight training? Yes or No (*circle*) How much? \_\_\_\_\_  
 Does it include cardiovascular training? Yes or No (*circle*) How much? \_\_\_\_\_  
 Have you had a physical exam by a medical doctor in the last year? Yes or No (*circle*)  
 When? \_\_\_\_\_ Doctor's name \_\_\_\_\_  
 Please list medications you currently take \_\_\_\_\_

Please answer the following questions.	Yes	No
<input type="checkbox"/> Has your doctor ever said you have heart trouble?		
<input type="checkbox"/> Do you frequently have pains in your heart and chest?		
<input type="checkbox"/> Do you often feel faint or have spells of severe dizziness?		
<input type="checkbox"/> Has a doctor ever said your blood pressure was too high?		
<input type="checkbox"/> Has your doctor ever told you that you have a bone or joint problem that has been aggravated by exercise or might be made worse with exercise?		
<input type="checkbox"/> Is there a good physical reason not mentioned here why you should not follow an activity program?		
<input type="checkbox"/> Are you over the age of 65 and not accustomed to vigorous exercise?		
<input type="checkbox"/> Are you using any drugs that might alter your response to exercise?		
<input type="checkbox"/> Do you have an allergy that requires an epi pen? What are you allergic to? _____		
<i>If you answered yes to any questions, you should consult your physician before entering an exercise program.</i>		
Please answer these additional questions.	Yes	No
<input type="checkbox"/> Have you had any surgery in the last year?		
<input type="checkbox"/> Have you been hospitalized in the last year?		
<input type="checkbox"/> Do you smoke or have you smoked in the past?		
<input type="checkbox"/> Has anyone in your family passed away from an unexpected death relating to their health?		
<input type="checkbox"/> Do you suffer from chronic headaches or exercise-induced headaches? How often?		

## **WAIVER & RELEASE FORM**

Because physical exercise can be strenuous and subject to risk of serious injury, Next Level Fitness & Performance urges you to obtain a physical examination for you and your child from a doctor before using any exercise equipment or participating in any exercise activity. You (each adult member, guest, and all participating family members) agree that if you engage in any physical exercise or activity, or use any club amenity on the premises or off premises including any Next Level Fitness & Performance sponsored event, you do so **entirely at your own risk**. You agree that you are voluntarily participating in these activities with your child **and you assume all risks** of injury, illness, or death to either you, your child or both of you. We are also not responsible for any loss of your personal property.

This waiver and release of liability includes, without limitation, all injuries which may occur, regardless of negligence, as a result of; (a) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment (c) our instruction, training, supervision, or dietary recommendations and (d) your slipping and/or falling while in the club, or on Next Level Fitness & Performance premises, including adjacent sidewalks and parking areas.

You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a **release of liability**. You expressly agree to release and discharge Next Level Fitness & Performance, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against Next Level Fitness & Performance for negligence, personal injury or property damage. You also agree to have this release of liability apply to your heirs and assigns.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Next Level Fitness & Performance, its agents, and employees.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

### Use of Photographs:

I hereby grant to Next Level Fitness & Performance and its representatives, employees, agents and assigns, the irrevocable and unrestricted right to use, reproduce and publish photographs and video of \_\_\_\_\_ (Print Participant Name) including image and likeness as depicted therein, for editorial, trade, advertising or any other purpose and in any manner and medium without royalties and/or compensation.

I hereby release Next Level Fitness & Performance and its officers, employees, agents, legal representatives and assigns from any and all claims, actions and liability relating to its use of said photographs and video and my participation in any exercise activity.

I have read the above thoroughly and understand the terms. My participation in any exercise activity as well as my agreement to the foregoing are both voluntary and I elect to do so in spite of the risk.

Signed: \_\_\_\_\_

Names of family members (if applicable)

Printed Name: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_