

Fitness Program Health History Questionnaire

[PLEASE PRINT CLEARLY]

Athlete's Name: _____ Date: _____

Address: _____ Male/Female (*circle*) 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
• Has your doctor ever said you have heart trouble?		
• Do you frequently have pains in your heart and chest?		
• Do you often feel faint or have spells of severe dizziness?		
• Has a doctor ever said your blood pressure was too high?		
• 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?		
• Is there a good physical reason not mentioned here why you should not follow an activity program?		
• Are you over the age of 65 and not accustomed to vigorous exercise?		
• Are you using any drugs that might alter your response to exercise?		
• 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.		
• Have you had any surgery in the last year?		
• Have you been hospitalized in the last year?		
• Do you smoke or have you smoked in the past?		
• Has anyone in your family passed away from an unexpected death relating to their health?		
• Do you suffer from chronic headaches or exercise-induced headaches? How often?		

Office Use Only:

T: _____

Referral: ☐

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 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 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.

Signature

Date

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 from a doctor before using any exercise equipment or participating in any exercise activity. You (each 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**. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises **and assume all risks** of injury, illness, or death. 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 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, dba's, 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.

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 affiliates, dba's, 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.

I also understand that upon purchasing any personal training sessions, I am making a legal commitment to complete the purchased sessions. **If I decide to continue my training after the first training session, then I forfeit my rights to have the remaining sessions or membership refunded.** Each training session paid for must be used within a subsequent thirty day period or the remainder of the membership shall be considered to be forfeited and non-refundable. In the event of a medical emergency, - the membership will be frozen until a later date {up to a maximum of three months.} Sessions may be frozen only with the written permission of the owner of Next Level Fitness & Performance. All memberships are non-transferable.

INITIALS _____

I also understand that there is a 24-hour cancellation policy at Next Level Fitness & Performance for all scheduled training sessions.

INITIALS _____

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signed: _____

Names of family members (if applicable)

Printed Name: _____

Date: _____

