CT Workout Personal Training
HEALTH HISTORY Questionnaire

Name: _____ Date:_____
Address:_____
_____
Home Phone: _____ Cell:_____
Email_____
Age:_____ Date of Birth:_____

HEALTH REPORT
Emergency Contact: _____Phone:(___)_____
Doctor's Name: _____Phone: (___) _____

1) Are You Currently Taking Any Medication? ☐Yes ☐No
Type: _____ Reason: _____
Type: _____ Reason: _____
Type: _____ Reason: _____

2) Do you have or have you ever had any of the following conditions?

CONDITION		DESCRIPTION
Heart Attack	☐Yes ☐No	
Stroke	☐Yes ☐No	
Chest Pain	☐Yes ☐No	
Hypertension	☐Yes ☐No	
Diabetes	☐Yes ☐No	
Cancer	☐Yes ☐No	
High Cholesterol	☐Yes ☐No	
Hernia	☐Yes ☐No	
Arthritis	☐Yes ☐No	
Thyroid	☐Yes ☐No	
Anemia	☐Yes ☐No	
Other	☐Yes ☐No	

3) Have you ever been injured in any of the following areas?

BODY PART		DESCRIPTION	WHEN?
Neck	☐Yes ☐No		
Shoulders	☐Yes ☐No		
Arms	☐Yes ☐No		
Abdomen	☐Yes ☐No		
Back	☐Yes ☐No		
Legs	☐Yes ☐No		

4) Are you currently under the care of a physician for any reason at all? ☐Yes ☐No
If Yes, explain_____

5) Do you smoke cigarettes? ☐Yes ☐No.
If yes, how much? _____

6) Do you know of any physical condition that you have that could be aggravated by exercising or exerting yourself? ☐Yes ☐No
If Yes, explain
_____

7) Are you taking any medication which could cause a reaction while exercising?
☐ Yes ☐No
If Yes, Explain
_____

8) Does your doctor know that you are beginning a new exercise program?
☐Yes ☐No

9) Has your doctor given you any restrictions for your exercise program? ☐Yes ☐No
If Yes,
Explain_____

RELEASE

I know of no physical or medical condition which I, or my Doctor, feel could be aggravated by my using the equipment, facilities or, participating in activities sponsored by BP Fitness Coaching, LLC. I agree to advise BP Fitness Coaching, LLC in writing if any of the above information changes or if my Doctor advises me to stop, reduce, or otherwise adjust my exercise regimen. The information I have given on this form is, to the best of my knowledge, complete and accurate.

Signature_____ Date: _____

CT Workout Personal Training
Exercise Waiver

Because physical exercise can be strenuous and subject to risk of serious injury, CT Workout Personal Training and BP Fitness Coaching, LLC urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that if you engage in any physical exercise or activity sponsored by Ct Workout Personal Training and BP Fitness Coaching, LLC, 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 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, regardless of negligence, as a result of; (a) your use of all amenities and equipment provided by CT Workout Personal Training and BP Fitness Coaching, LLC 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. 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 CT Workout Personal Trainings and BP Fitness Coaching, LLC, 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 CT Workout Personal Training Petitpas and BP Fitness Coaching, LLC for negligence, personal injury or property damage.

Note: Should any part of this agreement is found by a court of law to be against public policy or in violation of any state statute or case precedence, then the remainder of this document will remain in full force.

Signed: _____ Date: _____

Printed Name: _____