



RISK WARNING ACKNOWLEDGEMENT AND ASSUMPTION OF RISK RELEASE AND INDEMNITY

WARNING – This is an important document which affects your legal rights and obligations. Read it carefully and do not sign it unless you are satisfied that you understand it. If you have any questions please ask a Fit Life representative.

WARNING AND ACKNOWLEDGEMENT OF RISKS, INJURY AND OBLIGATIONS

I acknowledge that the activities I am to undertake is a dangerous and recreational activity that may involve a significant risk of physical harm ('the activity') and that by participating in it i am exposed to certain risks. I further acknowledge that i am not required to engage in the activity.

I ACKNOWLEDGE AND UNDERSTAND THAT WHILST PARTICIPATING IN SUCH ACTIVITY:

- ☐ I may be injured, physically or mentally, or may die.
- ☐ My personal property may be lost or damaged.
- ☐ Other persons participating in such activities may cause me injury or may damage my property
- ☐ I may cause injury to other persons or damage their property.
- ☐ The conditions in which the activity is conducted may vary without warning.
- ☐ I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of the recreational provider.
- ☐ There may be no or inadequate facilities for treatment or transport of me if injured.
- ☐ I assume the risks of and responsibility for any injury, death or property damage resulting from my participation in the activity.

Personal Training Cardio Boxing Outdoor Fitness Corporate Fitness Sports Conditioning Fit Mums Kids Fun

Rehabilitation Motivation Hydro Weight Loss Body Sculpting Improving Self Esteem Nutrition Muscle Building

PRE EXERCISE QUESTIONNAIRE

Fit Life Personal Training requires all participants to fill out this questionnaire, as it is our professional duty of care. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

NAME: _____ DATE _____

DATE OF BIRTH _____ AGE _____ WEIGHT _____ KG, GENDER _____

POSTAL ADDRESS _____ POSTCODE _____

EMAIL _____ CONTACT NUMBER (H) _____ (M) _____

FAMILY DOCTOR _____ DOCTORS PH _____ HEIGHT _____ CM

MEDICAL HISTORY

Do you have or have ever had any of the following: Please circle YES NO UNSURE.

- | | | | |
|--|-----|----|--------|
| 1. <u>BLOOD PRESSURE GREATER THAN 140/90</u> | YES | NO | UNSURE |
| 2. <u>TAKING ANTIHYPERTENSIVE MEDICATION</u> | YES | NO | UNSURE |
| 3. <u>HIGH CHOLESTEROL LEVEL</u> | YES | NO | UNSURE |
| 4. <u>CIGARETTE SMOKING</u> | YES | NO | UNSURE |
| 5. <u>DIABETES TYPE 1 OR TYPE 2</u> | YES | NO | UNSURE |
| 6. <u>FAMILY HISTORY OF HEART DISEASE IN PARENTS OR SIBLINGS (PRIOR TO THE AGE OF 55 IN MALES AND 65 IN FEMALES)</u> | YES | NO | UNSURE |
| 7. <u>PAIN AND DISCOMFORT IN THE CHEST OR SURROUNDING AREAS, PARTICULARLY WITH MILD EXERCISE</u> | YES | NO | UNSURE |
| 8. <u>UNACCUSTOMED SHORTNESS OF BREATH, PARTICULARLY WITH MILD EXERCISE</u> | YES | NO | UNSURE |
| 9. <u>DIZZINESS OR FAINTING</u> | YES | NO | UNSURE |
| 10. <u>SHORTNESS OF BREATH WHEN LYING DOWN</u> | YES | NO | UNSURE |
| 11. <u>WAKING UP AT NIGHT WITH SHORTNESS OF BREATH</u> | YES | NO | UNSURE |
| 12. <u>SWELLING IN THE ANKLES</u> | YES | NO | UNSURE |
| 13. <u>'RACING' OR 'MISSING' HEART BEATS AT REST OR DURING EXERCISE</u> | YES | NO | UNSURE |
| 14. <u>KNOWN HEART MURMUR</u> | YES | NO | UNSURE |
| 15. <u>DO YOU HAVE A BONE OR JOINT PROBLEM THAT MAY BE AGGRAVATED BY EXERCISE (ARTHRITIS OR LIGAMENTS)</u> | YES | NO | UNSURE |
| 16. <u>ARE YOU PREGNANT OR HAVE GIVEN BIRTH IN THE LAST 6 WEEKS</u> | YES | NO | UNSURE |
| 17. <u>IS THERE ANY PHYSICAL OR MEDICAL CONDITION THAT MAY RESTRICT YOUR INVOLVEMENT IN PHYSICAL ACTIVITY.</u> | YES | NO | UNSURE |

If you answered yes please talk with your doctor by phone or in person before you start any exercise program.

If you have had your condition, medication or other potential reasons for not being able to exercise cleared by medical personal please sign and date the time when cleared.

Signed _____ Date _____

What are your goals regarding this program _____

Previous exercise history _____

RELEASE AND INDEMNITY TO THE RECREATIONAL ACTIVITY PROVIDER

In consideration of my payment for participating in the activity (and except to the extent that the same may be precluded by status) I agree to release and indemnify the recreational provider Fit Life Personal Training as follows:

1. I participate in the activity at my own risk and responsibility.
2. I release, indemnify and hold harmless the recreational activity provider Fit Life Personal Training, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect or arising out of any injury, loss, damage or death caused to me or my property whether negligence, breach of an express or implied warranty that the recreational services or activity will be rendered with reasonable care or skill.
3. In the event that I am injured or my property is damaged, I will bring no claim, legal or otherwise, against the recreational activity provider Fit Life Personal Training in respect of that injury or damage.

Before signing this document I have read and understood it and know that it affects my legal rights

PARTICIPANTS NAME: _____ AGE _____

SIGNED BY: _____ DATE ____ ____ ____

WITNESS BY: _____

WHERE PARTICIPANT IS UNDER 18 YEARS OF AGE

I _____ Hereby Acknowledge and agree that:

- ☐ I have read the whole of this document and understand it.
- ☐ I consent to the person named in this acknowledgement and release participating in the activity
- ☐ I am aware of the risks, dangers and obligations set out above in this acknowledgment and release.
- ☐ If I am not the parent of this person named in this acknowledgement, I shall at all times during the activity keep such person be under my control or in my company.

IN CONJUNCTION OF: the person named in this acknowledgement and release being accepted to participate in the activity I AGREE TO RELEASE AND INDEMNIFY the recreational activity provider in the same manner and to the same effect and extent as if I were the person first named in this acknowledgement and release the person participating in the activity.

SIGNATURE OF PARENT/GUARDIAN _____ DATE ____ ____ ____

WITNESS _____