Fit4Him LLC d/b/a Ever FIT

REGISTRATION & WAIVER

Name (Last) _____ (First) _____ (MI)_____

Home Address (Street)_____

(City)_____(State)_____ (Zip)_____

Phone (Home)_____ (Work)_____Ext._____

(Mobile) _____

DOB _____/_____/_____ Weight _____ Sex:__M___F__

Private Physician_____Phone_____

Emergency Contact _____ Phone_____

E-Mail _____

I was referred by _____

I am enrolling in (circle one) Bootcamp Intensive Ongoing Classes Private Training

SECTION I: RISK ASSESSMENT

Have you ever had any form of heart disease? YES NO

Have you ever experienced shortness of breath or chest pain? YES NO

Date of last full physical _____/_____ /_____

Do you have or do any of the following pertain to you? Please explain to the best of your ability.

High Blood Pressure	YES	NO	Levels:_____	Explain:_____
High Cholesterol Level	YES	NO	Levels:_____	Explain:_____
Cigarette Smoking	YES	NO	How many per day? _____	Explain:_____
Smoked in Past	YES	NO	How long? _____	Explain:_____
Diabetes	YES	NO	Insulin dependent? _____	Explain:_____
Family history of heart disease	YES	NO	Who/Age? _____	Explain:_____
Abnormal resting EKG	YES	NO	Explain:_____	
Are you active	YES	NO		

Do you have any problems in the following areas? Please explain to the best of your ability.

Knees	YES	NO	
Low Back	YES	NO	
Neck/Shoulders	YES	NO	
Hips/Pelvis	YES	NO	
Flexibility	YES	NO	
Any other	YES	NO	

Activity or Exercise / Times per week / Minutes per session:_____

Are you currently taking any medication? YES NO Explain:_____

SECTION II: AGREEMENT

I, _____,(FULL NAME) agree to participate in Boot Camp Fitness with a certified Fitness Instructor. I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardiorespiratory systems. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by Fit4Him LLC d/b/a EverFIT. I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instances of heart attack or even death. I agree to waive, release, remise and discharge Fit4Him LLC d/b/a EverFIT and its agents, officers, principals and employees of any and all claims, demands, actions or damages of any kind resulting from participation in Fit4Him LLC d/b/a EverFITclasses or individual training sessions. The undersigned hereby releases Fit4Him LLC d/b/a EverFITas well as waives any and all claims and understands and assumes any and all risk with participation in Fit4Him LLC d/b/a EverFIT. _____(INITIAL HERE)

_____/_____

Participant Signature (sign & print name) Month, day and year

Instructor (sign & print name)

_____

Parent or Guardian Signature (if Participant is under the age of 21)