

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex (Please circle): M F

DOB\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical/health history**

|  |  |
| --- | --- |
| 1. Have you ever suffered or been told by a doctor that you have suffered a stroke? | Yes No |
| 2. Has your doctor ever told you that you have a heart condition? | Yes No |
| 3. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? | Yes No |
| 4. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? | Yes No |
| 5. Have you had an asthma attack requiring medical attention at any time over the last 12 months? | Yes No |
| 6. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months? | Yes No |
| 7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No |
| 8. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes No |

**IF YOU ANSWERED ‘YES’ to questions 1 - 6, we recommend you obtain written medical clearance/approval from a GP or appropriate allied health professional stating you are able to safely undertaking physical activity/exercise in our studio.**

I recognise that the instructor is not able to provide me with medical advice with regard to my fitness, and that this information is used as a guideline to the limitations of my ability to exercise. I have answered questions to the best of my ability and understand the advice above. I agree to not hold any certified trainer liable for any injury that may occur during an F45 session. I also agree to allow F45 Training from time to time the ability to take a video or photo to use for promotion purposes.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**WHERE PARTICIPANT IS UNDER 18 YEARS OF AGE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Being the parent or guardian of the person named in this acknowledgment and Release HEREBY ACKNOWLEDGE AND AGREE:

* **I have read the whole document and understand it.**
* **I consent to the person named in this acknowledge and release participating in the activity and**
* **I am aware of the risks, dangers and obligations set out in this acknowledgment and release.**
* IN CONSIDERATION of the person named in this Acknowledgment and Release being accepted to participate in the activity **I AGREE TO RELEASE AND INDEMNIFY F45 TRAINING**, in the same manner and to the same effect as if I were the person first named in this Acknowledgment and Release and the person participating in the activity.
* Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_