

## Sports Training Medical Waiver

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M/F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Medical Forms Personal Trainer - Medical clearance

#### MEDICAL HISTORY QUESTIONNAIRE

Important considerations to consider before undertaking any type of exercise program are as follows:

Are you on any medications? Yes/No \_\_\_\_\_

Do you smoke? Yes/No \_\_\_\_\_

Do you have any physical problems that concern you? Yes/No \_\_\_\_\_

Do you have any of the following:

Chest pain? Yes/No \_\_\_\_\_ Irregular heartbeats? Yes/No \_\_\_\_\_

High blood pressure? Yes/No \_\_\_\_\_ Family history of heart disease? Yes/No \_\_\_\_\_

Rheumatic fever? Yes/No \_\_\_\_\_ High cholesterol? Yes/No \_\_\_\_\_

Respiratory problems? Yes/No \_\_\_\_\_ Shortness of breath? Yes/No \_\_\_\_\_

Chronic cough? Yes/No \_\_\_\_\_ Diabetes? Yes/No \_\_\_\_\_

Dizziness or loss of consciousness? Yes/No \_\_\_\_\_ Seizures or convulsions? Yes/No \_\_\_\_\_

Severe headaches? Yes/No \_\_\_\_\_ Obesity? Yes/No \_\_\_\_\_

Arthritis? Yes/No \_\_\_\_\_ Serious bone, joint, or muscle injury? Yes/No \_\_\_\_\_

Low back pain? Yes/No \_\_\_\_\_ Surgery(s): what, when, why, and how many? Yes/No \_\_\_\_\_

Details: \_\_\_\_\_

What does your physician recommend? \_\_\_\_\_

### CONSULT YOUR PHYSICIAN BEFORE BEGINNING ANY EXERCISE PROGRAM

#### Medical Forms Athletic Training

##### Waiver, Release, and Media Release

You (the client) agree that if you engage in any physical exercise, class, or activity, you do so at your own risk. You agree that you are voluntarily participating in activities and assume all risk of injury or illness. You agree to release and discharge me from any and all claims or causes of action (known or unknown) arising out of my negligence. You acknowledge that you have carefully read this Waiver and Release and fully understand that it is a release of liability. You are waiving any right that you may have to bring a legal action to assert a claim against me for my negligence. I also agree that any photos or videos taken of participants by Flash Performance can be used for promotional purposes and displayed on websites, brochures or any other advertising material

\_\_\_\_\_  
Client's Signature or Parent/Legal Guardian if under 18

\_\_\_\_\_  
Date

##### Rules and Regulations for Personal Training Sessions

You may reschedule a workout session one day (24 hrs) before the scheduled session without penalty. Within that time you must pay for that session. Unless arrangements have been made with the trainer, member arriving late will only receive the remaining scheduled time for their session. A "no show" will be charged for the session. No refunds, unless the trainer cannot continue the sessions.

\_\_\_\_\_  
Client's Signature or Parent/Legal Guardian if under 18

\_\_\_\_\_  
Date