

CLIENT HEALTH HISTORY

CLIENT NAME: _____

DATE: _____

MEDICAL HISTORY FORM	Yes	No
1. Have you ever had any pain or injuries (knee, hip, back, shoulder, etc.)? If yes, please explain.		
Notes:		
2. Have you ever had any surgeries? If yes, please explain.		
Notes:		
3. Has a medical doctor ever diagnosed you with a chronic disease, such coronary heart disease, coronary artery disease, hypertension, high cholesterol, or diabetes? If yes, please explain.		
Notes:		
4. Are you currently taking any medication? If yes, please list.		
Notes:		

CLIENT PAR-Q

CLIENT NAME: _____

DATE: _____

Physical Activity Readiness Questionnaire	Yes	No
1. Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2. Do you feel pain in your chest when you perform physical activity?		
3. In the past month, have you had chest pain when you are not performing any physical activity?		
4. Do you lose your balance because of dizziness or do you ever lose consciousness?		
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7. Do you know of any other reason why you should not engage in physical activity?		

CAUTION: If you have answered “YES” to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered “YES” to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

NOTES:

CLIENT SIGNATURE: _____ **DATE:** _____



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for receiving permission to participate in any/all services offered by LiveFIT Perrysburg, LLC, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE LiveFIT Perrysburg, LLC, its officers, agents, trainers, instructors, volunteers or employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, whether caused by the negligence of any of the above mentioned entities or individuals, or otherwise, while participating in such activities, or while in, on or upon the premises where the activities are being conducted.

It is understood that these activities involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. I hereby elect to voluntarily participate in said activities with full knowledge that said activities may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, which may be sustained by me, or any loss or damage of property owned by me, as a result of being engaged in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF LiveFIT Perrysburg, LLC, its officers, agents, trainers, instructors, volunteers or employees OR OTHERWISE.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS LiveFIT Perrysburg, LLC, its officers, agents, trainers, instructors, volunteers or employees from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activities, WHETHER CAUSED BY THE NEGLIGENCE OF LiveFIT Perrysburg, LLC, its officers, agents, trainers, instructors, volunteers or employees OR OTHERWISE. I understand that no medical insurance is provided.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE LiveFIT Perrysburg, LLC, its officers, agents, trainers, instructors, volunteers or employees.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

PARTICIPANT

Signature

Printed Name

Date

Parent/ Guardian Signature

Parent/Guardian Printed Name

Date