

Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail \_\_\_\_\_ D.O.B. \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(1) Are you currently taking any medication? • Yes • No

Type \_\_\_\_\_ Reason \_\_\_\_\_

Type \_\_\_\_\_ Reason \_\_\_\_\_

Type \_\_\_\_\_ Reason \_\_\_\_\_

Type \_\_\_\_\_ Reason \_\_\_\_\_

(2) Do you have or have you ever had any of the following conditions?

<u>CONDITION</u>		<u>DESCRIPTION</u>
Heart Attack	• Yes • No	_____
Stroke	• Yes • No	_____
Chest pain	• Yes • No	_____
Hypertension	• Yes • No	_____
Diabetes	• Yes • No	_____
Cancer	• Yes • No	_____
High Cholesterol	• Yes • No	_____
Hernia	• Yes • No	_____
Arthritis	• Yes • No	_____
Thyroid	• Yes • No	_____
Anemia	• Yes • No	_____
Respiratory	• Yes • No	_____
Other	• Yes • No	_____

(3) Have you ever been injured in any of the following areas?

<u>BODY PART</u>		<u>DESCRIPTION</u>	<u>WHEN?</u>
Head / Neck	• Yes • No	_____	_____
Shoulders	• Yes • No	_____	_____
Chest	• Yes • No	_____	_____
Arms	• Yes • No	_____	_____
Abdomen	• Yes • No	_____	_____
Back	• Yes • No	_____	_____
Legs / Feet	• Yes • No	_____	_____

(4) Are you currently under the care of a physician for any reason at all?

• Yes • No If Yes, explain \_\_\_\_\_

(5) Do you smoke? • Yes • No If Yes, how much? \_\_\_\_\_

(6) Do you know of any physical condition that you have had or currently have that could be aggravated by exercising or exerting yourself?  
If Yes, explain \_\_\_\_\_

(7) Are you taking any medication which could cause a reaction while exercising?

• Yes • No If Yes, explain \_\_\_\_\_

(8) Does your physician know that you are beginning a new exercise program? • Yes • No

(9) Does your physician object to you beginning a new exercise program?

• Yes • No If Yes, explain \_\_\_\_\_

## RELEASE

I know of no physical or medical condition, which I or my physician believe could be aggravated or render me in danger by training under the guidance of Tony Estes or Fitness In Training. I agree to advise Tony Estes in writing immediately if any of the above information changes or if my physician advises me to stop, reduce, or otherwise adjust my exercise regimen. I will advise Tony Estes immediately if I injure myself in any way while participating in the program. I assume all risks of injury incurred before, during, or after any training session and agree to hold harmless and waive any claim or rights that I might have to hold liable Tony Estes or Fitness In Training owners, officers, or agents. The information I have listed on this form is, to the best of my knowledge, complete and accurate. I understand that I am responsible for the full cost of each session unless I give Tony Estes at minimum twenty-four hour notice of cancellation of any scheduled appointment.

Signature \_\_\_\_\_

Date \_\_\_\_\_