

Information Sheet

Name: _____ Start Date: _____

Birthday: ____/____/____ Height: ____'____" Weight: _____

Street Address: _____

City: _____ Zip: _____

Phone Numbers: Home: ____-____-____ Cell: ____-____-____ Work: ____-____-____

Email: _____

In Case of Emergency: _____

PLEASE LIST ANY:

Current activities (days/week,duration): _____

Prior Surgeries: _____

Medications: _____

Goals: _____

NO SHOW POLICY: Please call by 8 p.m. the night before a scheduled session in order for you to change or cancel that session, otherwise **you will be charged for the session.**

REFUND POLICY: Sessions that are paid in advance will be held as credits to your account. These credits cannot be redeemed for cash value.

Signature: _____ Date: _____

PAR-Q.

- Yes No** Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Yes No** Do you feel a pain in your chest when you do physical activity?
- Yes No** In the past month, have you had chest pain when you were not doing physical activity?
- Yes No** Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes No** Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes No** Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes No** Do you know of any reason why you should not do physical activity?

ACSM HEALTH STATUS QUESTIONNAIRE

- Yes No** Do you have any personal history of heart disease?
- Yes No** Do you have any personal history of metabolic disease (thyroid, renal, liver)?
- Yes No** Have you had diabetes for less than 15 years?
- Yes No** Have you had diabetes for 15 years or more?
- Yes No** Have you experienced pain or discomfort in your chest apparently due to blood flow deficiency?
- Yes No** Any unaccustomed shortness of breath (perhaps during light exercise)?
- Yes No** Have you had any problems with dizziness or fainting?
- Yes No** Do you have difficulty breathing while standing or sudden breathing problems at night?
- Yes No** Do you suffer from ankle edema (swelling of the ankles)?

- Yes No** Have you experienced a rapid throbbing or fluttering of the heart?
Yes No Have you experienced severe pain in leg muscles during walking?
Yes No Do you have a known heart murmur?
Yes No Do you have any family history of cardiac or pulmonary disease prior to age 55?
Yes No Have you been assessed as hypertensive on at least 2 occasions?
Yes No Has your serum cholesterol been measured at greater than 240 mg/dl?
Yes No Has your HDL (the “good” cholesterol) been measured at greater than 60 mg/dl?
Yes No Are you a cigarette smoker?
Yes No Would you characterize your lifestyle as “sedentary”?

I have read and have answered all the questions above accurately and honestly.

Signature _____

Date _____

PARTICIPANT’S AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISK

In an effort to provide you with opportunities to maximize your fitness goals, I would like to solicit your input. Your observations and opinions are a valuable resource that I would like to utilize. I am asking that you agree to notify me if you become aware of any problems or defective equipment at this facility. I would also like to remind you that this is your responsibility to make certain that your exercise program is the right one for you. You must consult with your physician before beginning or modifying any exercise regime.

1. I warrant that I am in good health and that I have notified my trainer of any pre-existing medical conditions that I have.
2. The storage of valuables is at my own risk.
3. If equipment is defective, I will not use it and I will report its condition.
4. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.

5. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless, Valerie Robertson for any and all claims, demands or causes of action, which are in any way connected with my participation in this activity or my use of Mojo Fitness' equipment or facilities, including any such claims which allege the negligent acts or omissions of Mojo Fitness.
6. Should Valerie Robertson be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
7. In the event that I file a lawsuit against Valerie Robertson, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.

By my signature below, I acknowledge that I have read the foregoing, understand it and agree to the terms.

Signature: _____

Date: _____

***If under 18 signature of parent or guardian is required:**

Signature of Parent or Guardian: _____

Date: _____

Print Name: _____

Parent Street Address: _____

City: _____

Zip: _____

Phone: ____ - ____ - ____