



Client Information and Waiver

Date: _____
Name: _____
Address: _____
Home Phone: _____ Business Phone: _____
Occupation: _____
Age: _____ Birthdate: _____ Email: _____
Physician's Name: _____ Phone: _____
Emergency Contact: _____ Phone: _____
I was referred by: _____

Please circle health and fitness program:

AIS Stretching Group X Workouts Kinesio Taping Massage Therapy
MELT Method® 90-Day Challenge Personal Fitness Training
Specialty Program: _____ 21-Day Transformation

Reason for your visit: _____

Please state any recent or past injuries or medical treatments: _____

Date of last full physical: _____.

Physical Activity Readiness Questionnaire

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable.

Have you ever had any form of heart disease? YES NO

Have you ever experienced shortness of breath or chest pain? YES NO

Do you often feel faint or have spells of dizziness? YES NO

Do you have or do any of the following pertain?
Please explain to the best of your ability.

High Blood Pressure YES NO Levels: _____

High Cholesterol Level YES NO Levels: _____

Cigarette Smoking	YES	NO	How many per day? _____
Smoked in Past	YES	NO	How long? _____
Diabetes	YES	NO	Insulin dependent? _____
Family history of heart disease	YES	NO	Who/Age? _____
Abnormal resting EKG	YES	NO	Explain: _____
Are you active	YES	NO	

Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
(please explain in following section) YES NO

Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? YES NO

Are you over age 65 and not accustomed to vigorous exercise? YES NO

I have read and answered the "Physical Activity Readiness Questionnaire." I understand that if I answered yes to any question, vigorous exercise or exercise testing should be postponed. Medical clearance may be necessary.

Signature of Applicant: _____

Date: _____

Witness: _____

Additional Health History:

Activity or Exercise / Times per week / Minutes per session: _____

Are you currently taking any medication? YES NO Explain: _____

Do you have any problems in the following areas?
Please explain to the best of your ability.

Knees YES NO Explain: _____

Low Back YES NO Explain: _____

Neck/Shoulders YES NO Explain: _____

Hips/Pelvis YES NO Explain: _____

Flexibility YES NO Explain: _____

Any other YES NO Explain: _____

Are you currently under the care of a health professional? YES NO

Health care providers name: _____ Phone: _____

I, _____, grant Just Get Fit, LLC d/b/a Just Get Fit and all its representatives and employees the right to photograph and video me. I authorize Just Get Fit, LLC d/b/a Just Get Fit to copyright, use and publish photos and video taken. I agree the use of photographs of me with or without my name for any lawful purpose, including but not limited to publicity, illustration, advertising, and web content.

I have read and understand the above:

Participant Signature (sign & print name) _____ Date _____

Parent or Guardian Signature _____

(if Participant is under the age of 18)

Waiver of Liability:

I, _____, (FULL NAME) agree to participate in Just Get Fit, LLC d/b/a Just Get Fit's health and fitness program with a nationally certified and/or licensed health and fitness professional (group exercise instructor /licensed massage therapist: FL License # _____ / personal fitness trainer). I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardiorespiratory systems. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a health and fitness program designed by Just Get Fit, LLC d/b/a Just Get Fit. I understand and have been informed that there exists the possibility of adverse changes during the health and fitness program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instances of heart attack or even death. I agree to waive, release, remise and discharge Just Get Fit, LLC d/b/a Just Get Fit and associated health and fitness professionals of any and all claims, demands, actions or damages of any kind resulting from participation in Just Get Fit, LLC d/b/a Just Get Fit's classes, individual, or group training sessions. The undersigned hereby releases Just Get Fit, LLC d/b/a Just Get Fit as well as waives any and all claims and understands and assumes any and all risk with participation in Just Get Fit, LLC d/b/a Just Get Fit's health and fitness program.

_____ (INITIAL HERE)

Participant Signature (sign & print name) _____ Date _____

Instructor(s) (sign & print name) _____

Parent or Guardian Signature _____

(if Participant is under the age of 18)