



### 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: \_\_\_\_\_

Are you allergic to any foods, etc. ?                      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 and Release:

I agree to participate in Just Get Fit, LLC d/b/a Just Get Fit's ("Just Get Fit") 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).

Because physical exercise can be strenuous and subject to risk of injury, including serious injury (including, but not limited to musculoskeletal and/or cardiorespiratory systems or death, I understand that Just Get Fit urges me to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. 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. I understand and have been informed that there exists the possibility of adverse changes during any health and fitness program. I have been informed that these changes may include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and instances of heart attack or death.

I agree that if I engage in any physical exercise or activity, or use any amenity on Just Get Fit's premises or off such premises, including any sponsored event, I do so **entirely at my own risk**. I agree that I am voluntarily participating in such activities and use of these facilities and **assume all risk** of injury, illness, or death. Just Get Fit is also not responsible for any loss, damage, or disappearance of your personal property.

Likewise, I acknowledge that dietary modifications can cause a variety of changes and can create problems, including as it relates to energy, stamina, appetite, and mood. Any changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely my responsibility and I acknowledge that I should consult a physician prior to undergoing any dietary or food supplement changes.

I agree to waive, release, remise and discharge Just Get Fit and each associated health and fitness professional of any and all claims, demands, actions or damages of any kind resulting from: (a) my use of any amenities and equipment in Just Get Fit's facility and my participation in any activity, class, program, personal training or instruction; (b) the sudden and unforeseen malfunctioning of any equipment; (c) Just Get Fit's our instruction, training, supervision, or dietary recommendations; (d) any on-line or virtual training; or (e) my slipping and/or falling while on Just Get Fit's premises, including adjacent sidewalks and parking areas. This waiver also includes any claim associated with the presence of or transmission of any bacteria, viruses, or infectious diseases.

By signing below, I acknowledge that I have carefully read this Waiver of Liability and Release and fully understand that it is a release of Just Get Fit's liability. I expressly agree to release and discharge Just Get Fit, and all of its affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action against any of the foregoing for negligence, personal injury or property damage.

\_\_\_\_\_ (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)