



CLIENT REGISTRATION

Name _____

Street _____ PO Box _____

Town _____ State _____ Zip Code _____

Email _____ Home phone _____

Work phone _____ Cell phone _____

Date of Birth _____

EMERGENCY CONTACT _____

Are you a student ___Y ___N Where? _____

How did you hear about us? _____

If you are UNDER THE AGE OF 18, please complete the following...

Mother's name _____

Address (if different) _____

Email _____

Phone numbers in an emergency:

(H) _____ (W) _____ (C) _____

Father's name _____

Address (if different) _____

Email _____

Phone number in an emergency:

(H) _____ (W) _____ (C) _____



Physical Activity Readiness Questionnaire (PARQ)

Moderate or vigorous exercise should not be a hazard for most people providing it is undertaken as part of a regular program starting from low intensity and progressing gradually. However, some people will need medical evaluation and advice before starting a program, some may need to exercise under medical supervision and some people may only be able to undertake restricted physical activity under medical supervision.

If you answer **NO** to all the questions, it is reasonable for you to assume that you are in a suitable physical condition to start a regular graduated exercise program.

If you answer **YES** to one or more question you are first advised to consult your doctor prior to participating in any exercise program

Has your doctor ever said you have heart disease, high blood pressure or any other cardiovascular problem?

Y_____ N_____

Is there a history of heart disease in your closest family (below age 55)?

Y_____ N_____

Do you ever have pains in your heart and chest, especially associated with minimal effort?

Y_____ N_____

Do you often get headaches, feel faint or dizzy?

Y_____ N_____

Do you suffer from either pain or limited movement in any joint which has been caused by exercise or might be aggravated with exercise?

Y_____ N_____

Are you taking drugs / medication at the moment or recuperating from recent illness or operation?

Y_____ N_____

Are you pregnant?

Y_____ N_____

Are you unaccustomed to exercise and aged over 50, if a woman or over 40, if a man?

Y_____ N_____

Do you have any other medical condition (e.g. diabetes, epilepsy) which you think may affect your ability to participate in exercise?

Y_____ N_____

Client Name: _____ Date: _____

Signed _____



HEALTH AND EXERCISE HISTORY

Are you taking any medications/drugs?

If yes, please list medication, dose, and reason.

Describe any physical activity you do somewhat regularly.

Do you now, or have you had in the past: (please circle any that apply)

1. History of heart problems, chest pain, or stroke
2. Increased blood pressure
3. Any chronic illness or condition
4. Difficulty with physical exercise
5. Advice from physician not to exercise
6. Recent surgery (last 12 months)
7. Pregnancy (now or within last 3 months)
8. History of breathing or lung problems
9. Muscle, joint, or back disorder, or previous injury
10. Diabetes or thyroid condition
11. Cigarette smoking habit
12. Obesity (more than 20% over ideal body weight)
13. Increased blood cholesterol
14. History of heart problems in immediate family
15. Hernia, or any condition that may be aggravated by lifting weights

Please explain any "yes" answer

Rate yourself on a scale of 1 to 5 (lowest to highest). Circle the number that best applies.

Characterize your present **athletic** ability. 1 2 3 4 5

Characterize your present **cardiovascular** capacity. 1 2 3 4 5

Characterize your present **muscular** capacity. 1 2 3 4 5

Characterize your present **flexibility** capacity. 1 2 3 4 5

Are you currently involved in regular exercise?

Strength training _____#minutes _____#days a week Cardio _____#minutes _____#days a week

How hard to you exercise? (1) Light (2) Fairly light (3) Somewhat hard (4) Hard

Is there any reason not mentioned here why you should not follow a regular exercise program?

If so, please explain _____

Please describe any past or current musculoskeletal conditions you have incurred such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort:

Head / Neck _____

Upper Back _____

Shoulder / Clavicle _____

Arm / Elbow _____

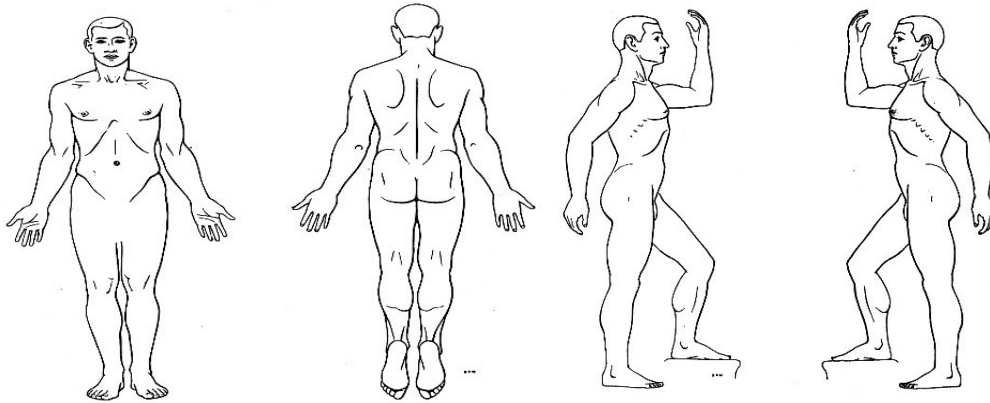
Wrist / Hand _____

Lower Back _____

Hip / Pelvis _____

Thigh / Knee _____

Lower Leg / Ankle / Foot



Please circle any areas of pain, injury, tension, or restriction of movement.

Have you recently experienced any chest pain associated with either exercise or stress?

If so, please explain _____

Do you have a family history of any of the following conditions?

Heart Disease _____ Heart Attack _____ Hypertension _____ Gout _____

Abnormal EKG _____ Asthma _____ High Cholesterol _____ Angina _____

Diabetes _____ Other heart conditions _____

RELEASE AND ASSUMPTION OF RISK

In consideration of being allowed to exercise and train with Wayne Burwell (the "Trainer") at his studio or at any other location, I acknowledge, appreciate and agree that:

- 1. There are risks of bodily injury, and while direction from the Trainer, as well as personal discipline, may reduce these risks, the risk of serious injury does exist; and,
- 2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both from known and unknown from my participation in exercise and activities with the Trainer, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE TRAINER, MYSELF, OTHER RELEASEES AND OTHERS**, and I assume full responsibility for my participation and any resulting injuries; and,
- 3. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the Trainer's attention immediately; and
- 4. I, for myself and on behalf of all my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE TRAINER**, and his agents and/or employees, other Releasees and participants, and, if applicable, any owners or lessors of the premises used to conduct all exercise or activities with the **Trainer WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE TRAINER OR OTHERWISE**, to the fullest extent permitted by law; and
- 5. In further consideration of allowing me to participate in the aforementioned activities, I hereby agree to submit to binding arbitration any and all claims which I believe I may have against the Trainer or other Releasees arising from my activities with the Trainer. Arbitration shall be pursuant to the rules of the American Arbitration Association ("AAA") and the Federal Rules of Evidence shall apply to all proceedings. Arbitration shall be commenced within one (1) year from the date on which the alleged claim first arose. Further, the arbitration shall be conducted in the town where the injury arose, unless mutually agreed to by all the parties. The submission to the AAA shall be unlimited and the arbitration award may be enforced by any court of competent jurisdiction.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date signed: _____ Age: _____ DOB: _____
Participant's Signature

Name: _____
Address: _____
Phone: _____ Email: _____

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for the participant, do consent and agree to his/her release as provided above of the Trainer and all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and indemnify and hold harmless the Trainer and all Releasees from any and all liabilities incident to my minor child's participation or involvement with the Trainer as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE TRAINER OR RELEASEES**, to the fullest extent permitted by law.

PARENT/GUARDIAN SIGNATURE Date signed: _____ Date of Birth: _____
Emergency Phone #: _____