



**Fitness and Wellness Classes/Personal Training
Waiver and Assumption of Risk**

Waiver and Assumption of Risk:

I, _____, in consideration of being permitted to participate in fitness classes/personal training programs given by Rosemarie Hulbert on behalf of myself, I hereby release Rosemarie Hulbert, from any and all liability for injury, death, negligence or negligence of a third party, property loss or damage suffered by me as a result of my participation in the classes, or my use of the equipment, or any way associated with my participation in any and all classes now or in the future.

I, _____, acknowledge that I know, and understand, and appreciate the inherent risks of participating in this program. I know that these risks may include, but are not limited to minor scrapes, strains, and bruises, as well as significant injuries such as broken bones, eye injury or loss, concussions, paralysis, and even death. By execution of this agreement, I fully assume the inherent risks associated with the class and assert that I am voluntarily participating in such activities. I have read this release of liability, fully understand it, freely and voluntarily sign the same, and I am acting for myself, my heirs, personal representatives and assigns.

Signature: _____

Date: _____

Note: If you are less than eighteen years old, your parent or legal guardian also must sign below:

Signature: _____

(Parent/Legal guardian)

____ Yes it is okay to use my picture on Facebook, Web Page or other advertising devises or materials

____ No it is not okay to use my picture on Facebook, Web Page or other advertising devises or materials.

In Case of Emergency



Please

Contact: _____

Fitness Health Questionnaire

All information on this form will be treated as strictly confidential. Please fill out the form completely and accurately. This information is essential for contact and emergency information and history.

Name: _____ Date of Birth ___/___/_____
Age: ___ Address: _____

Phone: _____ H _____ C _____
Email Address: _____

Emergency Contact: _____ Phone # _____

Physician Name: _____ Phone# _____

Yes/NO

- Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

- Do you frequently have pains in your chest when you perform physical activity?

- Do you lose your balance due to dizziness or do you ever lose consciousness?

- Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program? Circle (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems).
Other: _____
- Do you take medication on a regular basis? If Yes, does how does your ability to exercise _____
- On a scale of 1-10 how would you rate your fitness level (1=Worst 10=Best)
Elaborate: _____

- What is your fitness goals:
