ZenLates Training Systems, LLC

Client Contact Form and Health History

Name: _____________________________ Date: ____/____/____ Phone: __________________

Address: _________________________________ E-mail: ________________________________

ACKNOWLEDGEMENT OF RISK & WAIVER OF LIABILITY

I understand that I, ___________________ [Print Name], will be participating in a fitness program that will require physical exertion. Although the most common injuries or symptoms associated with exercises involve sprains, strains, dizziness, fainting and/or discomfort in breathing, I recognize that there is a risk of serious injury (and in extreme cases, death) associated with any fitness program. Consequently, I was advised by the instructor to obtain the approval of my doctor before beginning a fitness program, and have had the opportunity to do so. Before beginning this program, I also was asked, whether I have any physical and mental limitations, or whether I am taking any medications or receiving any medical treatment that might make is unsafe for me to participate in this fitness program. There are no such limitations, medication or medical treatment other than those I have written above.

I understand that by signing this statement, I am agreeing not to hold ZenLates Training Systems, LLC and its instructors, owners, agents or insurers responsible for any bodily injury or property damage that I may suffer as a result of my participation in a fitness program. As such, I understand and agree that the training program, its instructors, owners, agents or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in the program.

Signature: _______________________________ Date: ___/___/___

Health History

A. Check the appropriate response. *Read all questions thoroughly*.

Yes	No	
		Has a doctor ever told you that you have a heart problem?
		Has a doctor ever told you that you have high blood pressure?
		Have you ever suffered a stroke?
		Have you ever had pain in your chest?
		Have you ever suffered a heart attack?
		Do you ever feel faint or have dizzy spells?
		Have you had surgery in the last six months?

B. Circle any conditions you may currently have:
Diabetes Seizures High Blood Pressure Cancer Asthma Arthritis Heart Problems
Other____

C. Have you injured or have pain in the following areas?

Neck Upper Back Shoulders Elbows Hips Wrists Knees Lower Back

Explain____

D. Please list any current prescription medications, dosage, and for what condition.
Medication ___________ Dosage ______ Condition_______________
Medication ___________ Dosage ______ Condition_______________

E. Are you currently undergoing treatment from any of the following? (circle)
Physical Therapist Chiropractor Massage Therapist *If Yes, why?* ________________________

F. What are your exercise goals? Number the following exercise benefits according to their importance to you. (1 being the most important)
Weight Loss ___ Weight Gain ___ Stress Reduction ___ Cardiovascular Conditioning ___
Flexibility/Balance ___ Posture ___ Increase Strength ___ Other: _____________________

F. Are there any other reasons (health or personal) that may limit or prevent you from exercising?
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