



**Please complete the attached forms and return to Cynergy Training.
Thank you.**

1. Waiver, Release, and Assumption of Risk Form
2. Health and Medical History



Waiver, Release, and Assumption of Risk Form

I, _____, have volunteered to participate in a fitness program provided to me by Cynergy Coaching & Training which may include, but may not be limited to, resistance training and aerobic or cardiovascular exercise. In consideration of Trainer's agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless Trainer and her respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I, _____, have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death.

I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I, _____, have chosen not to obtain a physician's consent prior to beginning this fitness program with Trainer, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate.



Waiver, Release, and Assumption of Risk Form

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST TRAINER FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

PHOTOGRAPHY & VIDEO

Cynergy Coaching & Training may use photography and video during Boot Camps and other training events. These photos may be used in email campaigns or advertisements. If you DO NOT want your image to appear in print or in video, please initial here: _____.

This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

Participant's signature

Date

Please print name

Parent or legal guardian (if participant is under age eighteen)

Date

Please print name



Health & Medical History

Physical activity should not pose any problem or hazard to the majority of people. The following questions are designed to identify the small number of adults for whom physical activity might be inappropriate or those who should seek medical advice prior to initiating a fitness program or other change in their physical activity levels.

Yes No

- | | | |
|-----|-----|---|
| ___ | ___ | 1. Are you over age 55 and/or not accustomed to vigorous exercise? |
| ___ | ___ | 2. Have you ever been diagnosed with Type I or Type II Diabetes? |
| ___ | ___ | 3. Do you have any reason to suspect that you might now pregnant, or have you been pregnant within the last 3 months? |
| ___ | ___ | 4. Have you had any major or minor surgery in the past 3 months? |
| ___ | ___ | 5. Have you been hospitalized in the last 2 years? If so, when and for what reason?
_____ |
| ___ | ___ | 6. Are you currently, or have you in the past, ever seen a chiropractor or physical therapist for any condition? If yes, when and for what condition?
_____ |
| ___ | ___ | 7. Do you ever experience unexpected shortness of breath, or labored breathing, with or without pain? If yes, describe under what conditions.

_____ |
| ___ | ___ | 8. Do you currently, or have you ever, experienced unexplained heart palpitations or been diagnosed with a heart murmur or irregular heartbeat? |
| ___ | ___ | 9. Have you ever been diagnosed with high blood pressure? If yes, when? _____ |
| ___ | ___ | 10. Do you know what your blood pressure normally is? If yes, please state _____ / _____ |
| ___ | ___ | 11. Do you currently smoke? If yes, how many cigarettes per day? _____ |
| ___ | ___ | 12. Did you ever smoke? If yes, how long ago did you quit? |



Yes No

___ ___ 13. Is there any history of heart disease (prior to age 55) in your immediate family? If yes, explain.

___ ___ 14. Do you know your cholesterol levels? If so, please state: _____

___ ___ 15. Do you receive regular annual physical exams from your primary care physician? Date of last exam:

___ ___ 16. Do you have any pain, discomfort, or known current or previous injury to any of the following areas:

- ___ ___ Right or left knee (circle as appropriate)
- ___ ___ Right or left shoulder (circle as appropriate)
- ___ ___ Right or left elbow (circle as appropriate)
- ___ ___ Right or left elbow (circle as appropriate)
- ___ ___ Right or left wrist (circle as appropriate)
- ___ ___ Right or left ankle (circle as appropriate)
- ___ ___ Right or left hip (circle as appropriate)
- ___ ___ Back or neck (circle as appropriate)

If you checked "Yes" to any of the above, please explain the nature of your pain and/or injury. Do certain activities or conditions aggravate the pain and/or injury?

Are there any other health/medical/injury conditions that your trainer should be aware of?



Health & Medical History

Please list any prescription medications or over-the-counter medications or supplements you currently take:

I, _____, certify that I understand the foregoing questions and my answers are true and complete. I also understand that if this information changes in any way in the future, it is my responsibility to notify my personal trainer, and that I assume the risk for any changes in my medical condition that might affect my ability to exercise.

Before beginning a new fitness program or other significant change in your physical activity levels, you are advised to consult with your physician or primary health care provider. Only a physician or qualified health care provider is able to diagnose and prescribe treatment for specific health conditions.

I acknowledge that I have read the foregoing statements and fully understand the content thereof, and that if I choose not to consult with my physician or primary health care provider, I do so at my own risk.

Signature _____ Date _____

Please print name _____

Email Address _____

Parent or legal guardian (if participant is under age eighteen) _____ Date _____