



Name: _____
Last First Middle

Date of Birth: _____(mm/dd/yy) Sex: _____

Address: _____

Phone: (____)_____ Cell: (____)_____

Email: _____

Emergency Contact: _____

Phone (____)_____

Please circle "YES" or "NO" and provide additional details where requested on this form.

1. Do you have any allergies? (Hay fever, Animals, Aspirin, Penicillin, Sulfa, etc.)?

NO / YES (list)

2. Do you take any prescribed medication on a permanent or semi-permanent basis (Steroids, Anti-inflammatory, HRT, Antibiotics, Insulin, etc.)?

NO / YES (list and give reason)

3. Do you have a heart condition?

NO / YES

4. Have you ever had an "episode" or a seizure? Do you have epilepsy?

NO / YES (list any medication)

5. Do you have Diabetes? If so, what type? Are you on medication?

NO / YES (list any medication)

6. Do you have or have you ever had high blood pressure?

NO / YES (list any medication)

7. Do you have, or have you ever had, the following diseases?

Heart disease (Rheumatic fever, other)

NO / YES (give name and date)

Lung disease (Pneumonia, other)

NO / YES (give name and date)

Kidney disease (infections, other)

NO / YES (give name and date)

Liver disease (Mononucleosis, Hepatitis, other)

NO / YES (give name and date)

Osteopenia or Osteoporosis?

NO / Yes (give name and date)

Cancer?

NO / Yes (give name and date)

8. Have you ever been told by a doctor that you have asthma?

NO / YES (list any medication)

9. Do you have or have you ever had a hernia or "rupture"?

NO / YES (if so, has it been repaired?)

10. Have you been "knocked out" or become unconscious in the past three years?

NO / YES (if so, describe and give date(s))

11. Have you ever had a neck injury involving bones, nerves, or disks?

NO / YES

Type of injury _____ Date(s) _____

12. Do you wear glasses or contacts?

NO / YES

13. Have you had a broken bone (fracture)?

NO / YES

What bone? _____

Right or left? _____ Dates _____

14. Have you ever had a shoulder injury in the past two years that disabled you for a week or longer (dislocation, separation, etc.)?

NO / YES

Type of injury: _____

Right or left? _____ Dates _____

15. Have you ever had shoulder surgery?

NO / YES

What was done and why? _____

16. Have you ever injured your back?

NO / YES

Type of injury _____ Date(s) _____

17. Do you have back pain?

NO / YES

Circle any that apply: Seldom / Occasionally / Frequently
With Vigorous Exercise / With Heavy Lifting

18. Have you injured your knee in the past two years?

NO / YES

Right or left? _____ Dates _____

19. Have you ever had knee surgery?

NO / YES

Right or left? _____ Dates _____

20. Have you injured your ankle in the past two years (sprain, fracture)?

NO / YES

What was done and why? _____

Right or left? _____ Date(s) _____

21. . Have you ever had breast cancer?

NO / YES

22. Have you ever had Lung cancer?

NO / YES

Date(s) _____

23. Do you have a pacemaker, pin, screw, replacement, stint or plate in your body?

NO / YES (Specify and give details)

24. Do you have any other conditions that we should be aware of (i.e., Ulcers, Pregnancy, Tendonitis, etc.)?

NO / YES (Specify and give details)

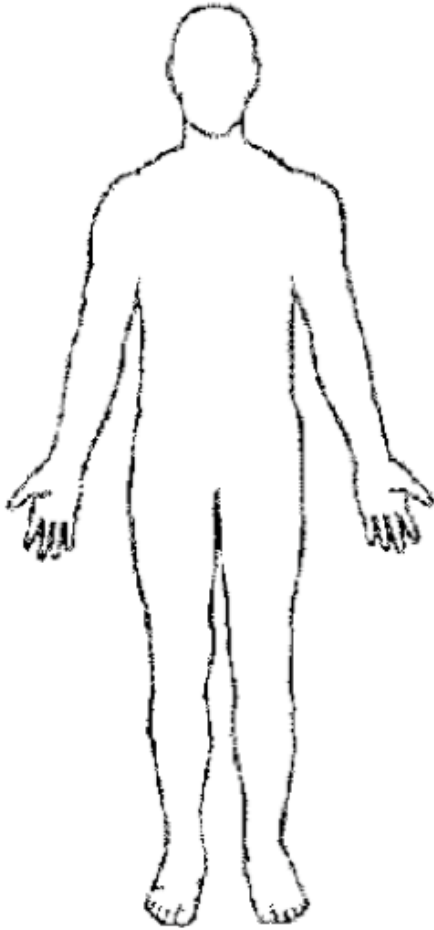
The questions on this form have been answered completely and truthfully to the best of my knowledge.

All information will remain confidential.

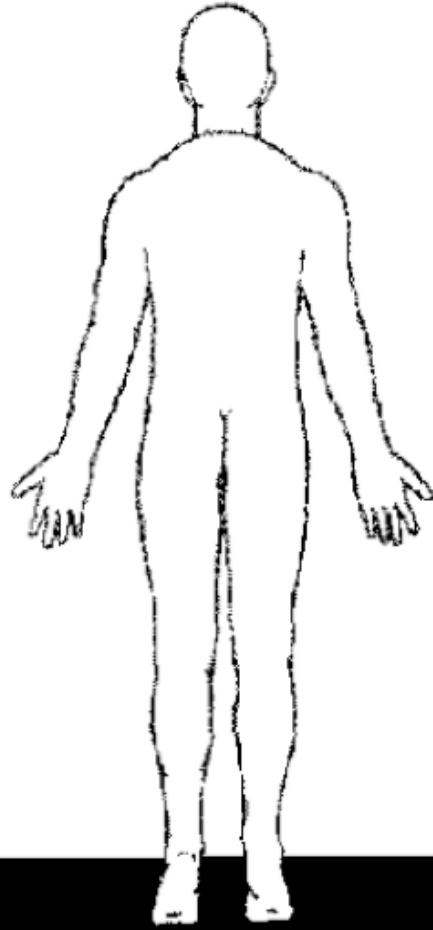
Signature

Date (mm/dd/yy)

Please circle the body part if you have had any of the following: Injuries, trauma, abrasions, surgery, broken bones, fractures, or replacements.



Front



Back

RELEASE OF LIABILITY

In consideration of being allowed to participate in the personal fitness training activities and programs of **The Essence of Movement** and to use its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release, and discharge **The Essence of Movement** and its representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person, arising out of or connected with my participation in any activities, programs or services of **The Essence of Movement** or the use of any equipment at various sites, including the Sandy Hook location, provided by and/or recommended by **The Essence of Movement**.

Please initial: _____

I have been informed of, understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also have been informed of, and understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, 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 all risks of injury and death.

Please initial: _____

I do hereby declare myself to be physically sound and suffering from no conditions, impairment disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the use of exercise equipment. I also acknowledge that it has recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercises, activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in the said activities, programs, and use of equipment.

Please initial: _____

Signature

Date (mm/dd/yy)