

HEALTH & FITNESS CLIENT REGISTRATION

Today's Date: _____

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Gender: _____ How did you hear about us: _____

Birth Date: _____ Are you a Fitness Instructor: _____

Occupation: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

PHYSICIAN INFORMATION

Primary Care Physician Name: _____

Address: _____

Phone Number: _____

CONSENT FOR SERVICES

I hereby authorize Sarah Fechter Fitness to provide me with professional fitness services. I give my consent for Sarah Fechter Fitness to obtain and examine personal medical information, if warranted. I understand that any medical information received will only be used under HIPPA privacy regulations.

Client Signature

Date

Client Printed Name

AHA/ACSM Health/Fitness Facility Participation Screening Questionnaire

Assess your health needs by marking all true statements.

History

You have had:

- ☐ A heart attack
- ☐ Heart Surgery
- ☐ Cardiac catheterization
- ☐ Coronary angioplasty (PTCA)
- ☐ Pacemaker, implantable defibrillator, or heart rhythm disturbance
- ☐ Heart valve disease
- ☐ Heart failure
- ☐ Heart transplantation
- ☐ Congenital heart disease

If you marked any of the statements in this section, consult with your health care provider before engaging in an exercise program. You may need to use a facility with a **medically qualified staff member** to guide your exercise program

Symptoms

- ☐ You experience chest discomfort with exertion
- ☐ You experience unreasonable breathlessness
- ☐ You experience dizziness, fainting, or blackouts
- ☐ You take heart medications

Other Health Issues

- ☐ You have musculoskeletal problems
- ☐ You have concerns about the safety of exercise
- ☐ You take prescription medications
- ☐ You are pregnant
- ☐ You have asthma (Inhaler should be with you at all times)

Cardiovascular Risk Factors

- ☐ You are a man ≥ 45 years old
- ☐ You are a woman ≥ 55 years old, you have had a Hysterectomy or you are postmenopausal
- ☐ You Smoke
- ☐ Your BP is $\geq 140/90$
- ☐ Your blood cholesterol is ≥ 200 mg/dl
- ☐ You don't know your cholesterol level
- ☐ You have a close relative who had a heart attack before age 55 (male) or 65 (female)
- ☐ You are diabetic, or take medication to control blood sugar
- ☐ You are physically inactive

If you marked two or more of the statements in this section, consult with your health care provider before engaging in an exercise program. You may need to use a facility with a **professionally qualified staff member** to guide your exercise program


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- ☐ None of the above are true

You should be able to exercise safely without consulting your health care provider in almost any exercise facility that meets your needs.

Equipment Safety Agreement

In regards to client safety, Sarah Fechter Fitness has taken the initiative to provide information that can be beneficial to those participating in particular classes at the studio. Initialing and signing this release hereby certifies to have read and fully understood the conditions provided.

Initials

_____ I am aware that the weight limit on the  **SPINNING** 'Pro' is 350lbs.

_____ I am aware that the weight limit on the  **TRX** Suspension Training band is 350lbs.

_____ I am aware that the weight limit on the 'Original Step Boards' is 300lbs.

Client Signature: _____ Date ____/____/____

Print Name: _____ Date ____/____/____

Assumption of Risk, Covenant Not to Sue and Release Form

I, _____ recognize that participating in SarahFechterFitness , TRX®, Spinning®, Spin®, Club SF, Step Aerobics, Ass-thetics, Metabolic Conditioning, Circuits, Yoga, Mobility, Boxing, Turbo Kick®, Barbells, and Strength fitness classes, all other group exercise classes, Youth Programs, Personal Training and Small Group Training sessions, Camp, and or any other instructions or activities at SarahFechterFitness Studio present certain risks and dangers. These risks include personal injury, the loss or damage of personal property, and loss of life.

Use of Sauna is at your own risk: If you become uncomfortable, dizzy, sleepy or overheated exit immediately. Supervise children at all times. Check with a Dr. before using if pregnant, in poor health, or under medical care. Breathing heater air in conjunction with consumption of alcohol, drugs, or medications is capable of causing unconsciousness.

Therefore, it is agreed as follows:

That in consideration of being allowed to participate in various Sarah Fechter Fitness activities and receive educational and other benefits the undersigned hereby voluntarily assumes all risk of accident or damage to his/her person or property and all risks of any kind sustained, whether caused by negligence of Sarah Fechter Fitness Studio, its officers, employees and agents, game officials, volunteers, and all participating sponsors (hereafter releases). The releases shall assume no responsibility or liability for me for accident, illness, or loss or damage of personal property, and I acknowledge and do hereby assume all risks inherent in the use of Sarah Fechter Fitness Studio's facilities and in connection with these activities, and for myself, heirs, executors, administrator and assigns do hereby expressly agree not to sue and release and discharge the releases from all claims, demands, liability actions or judgments of any kind whether caused by the negligence of said releases or otherwise, which I now have, or may have in the future against any of the said releases arising out of my fitness participation.

I know of no reason why I should not participate in any physical exercise or any such activity suggested to me by Sarah Fechter Fitness or its employees. I agree to notify SarahFechterFitness of any future changes to my health before continuing exercise. I acknowledge that any suggestions from any such employee or representative regarding exercise, nutrition, or healthcare are neither diagnostic nor prescriptive.

I also agree to abide by all policies and procedures of Sarah Fechter Fitness Studio and will follow instructions and requests of the releases.

The undersigned by voluntarily signing this release hereby certifies to have read and fully understood the conditions herein provided.

Applicants Signature: _____ Date: ____/____/____

If applicant is a minor:

Parent/Guardian Signature: _____ Date: ____/____/____

Witness Signature: _____ Date: ____/____/____