Pre – Screening and Waiver form for Empower Body Fitness

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_ Male / Female

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight \_\_\_\_\_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BMI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 1. Do you have a heart condition or have you ever suffered a stroke?
 | YES | NO |
| 1. Do you ever experience unexplained pains in your chest when resting or during physical activity/exercise?
 | YES | NO |
| 1. Do you ever feel faint or have spells of dizziness during physical activity that causes you to lose balance?
 | YES | NO |
| 1. Do you suffer or have you had an asthma attack requiring immediate medical attention?
 | YES | NO |
| 1. Do you have any other medical conditions that may make it dangerous for you to participate in physical activity/exercise?
 | YES | NO |
| 1. Could you be pregnant? If yes how many weeks?
 | YES | NO |
| 1. Have you given birth in the last 12 months? If so was it a Natural or C Section birth?
 | YES | NO |
| 1. Do you have any other injuries that cause you pain while exercising? If yes please explain.
 | YES | NO |

I understand that I have enrolled in a fitness program offered by Empower Body Fitness. I recognize that the classes may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrolment and subsequent participation is purely voluntary and in no way mandated by Empower Body Fitness.

“In consideration of my participation, I hereby release Empower Body Fitness and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrolment.” “I fully understand that I may injure myself as a result of my participation in any activity held on the premise and I hereby release Empower Body Fitness and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death.”

There is an unsupervised play area that is lockable for children to play, I am fully responsible for any children that I bring onto the premises of Empower Body Fitness and keep them out of the workout area. I hereby assume full responsibility for any and all damages or injuries include death to any children I bring onto the premises of Empower Body Fitness

Please be aware there is CCTV surveillance on the property only used for security and there is no volume

I confirm that I am fully vaccinated for COVID19 and agree to show my Vaccination certificate. Yes / No

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_