

Name : Date: Click to enter date

Street Address:

City: State: Zip:

Phone: (h) (w) (c) Email:

Best way to reach you:home work cell email

Age: Birth Date: Click to enter date. Occupation: Emergency contact name and phone: Would you like to hear news about the studio and/or receive blog notices on topics such as fitness best-practices, nutrition, exercise safety, and general health information?  Yes  No

How did you hear about 5th Line Movement and Fitness?

**Please answer the following questions:**

Current regular physical activities: Past physical activities you no longer do: What benefits and/or goals are you looking to achieve? Pregnant or nursing? Yes  No Concerned with certain movements?

Orthopedic problems (Arthritis or any other bone, joint or muscle problems) please explain:

Medications:

Drug Allergies, Other Allergies:

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| --- | --- | --- |
| **Please check the following that apply to you:**  I’m currently under the care of a physician or in a rehabilitation program.  I have symptoms of cardiovascular disease which include and are not limited to pain in chest, neck,  jaw, arms, shortness of breath at rest or during mild exertion, dizziness, ankle edema, irregular  heart beat or heart palpitations.  I have painful symptoms not consistent with an orthopedic condition including but not limited to    **If YES to the 1st, 2nd, or 3rd question above, OR you are over age 45 and answer yes to any of the questions below, please obtain medical clearance prior to starting an exercise program.**  I have fatigue with no obvious explanation, constant pain anywhere in the body unrelated to activity,  time or posture, or persistent pain at night without relief with a change of position or a change of  activity.  I have high cholesterol (either LDL higher than 200 mg/dL or HDL less than 35mg/dL) and take statins.  My mother, father brother and/or sister developed heart disease before age 50.  I smoke cigarettes or have quit smoking cigarettes within the last two years.  I have been physically inactive for the past 6 months or more.  I have a history of heart disease  I have diabetes  I have a history of high blood pressure  I have been diagnosed as obese | | |
|  |  | |

**Initial I understand and agree that it is my responsibility to inform my practitioner of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.**

**Initial I also understand a minimum of 24 hours notice is required to reschedule or cancel an appointment, and that if I reschedule or cancel less than 24 hours in advance of my appointment or fail to show for my appointment without any notice I will be charged the full price for the scheduled time.**

**I have read, understood, and completed this questionnaire.**

**Click to enter date**

**Printed Name Signature Date**

**WAIVER OF LIABILITY / ASSUMPTION OF RISK**

I, , acknowledge that I have voluntarily chosen to participate in services offered at 5th Line Movement and Fitness and taught by its instructors. I understand that physical activity and other activities and services provided by practitioners of 5th Line Movement and Fitness, by their very nature, carry with them certain inherent risk that cannot be eliminated regardless of the care taken to avoid injuries. I understand and acknowledge that there may be dangers, hazards, and risks inherent in, associated with, or arising out of such activities and services offered at 5th Line Movement and Fitness.

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I give 5th Line Movement and Fitness and its instructors authorization to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred.

I understand 5th Line Movement and Fitness is not responsible for lost or stolen items.

In consideration for being allowed to use the facilities at 5th Line Movement and Fitness, I hereby voluntarily release, waive, discharge and hold harmless 5th Line Movement and Fitness, its affiliates, owners, directors, agents, employees, independent contractors, and engaged consultants from and against any and all claims, demands, liabilities, controversies or causes of action, damages, costs and/or expenses of any kind or natures whatsoever, that may hereafter accrue, arising out of or in any manner relating to my use of or presence at 5th Line Movement and Fitness or any activity, exercise, treatment or service performed or undertaken at 5th Line Movement and Fitness.

In signing this waiver and release, I acknowledge and represent that I have carefully read this waiver and release and understand its contents and that I sign this document of my own free will. I assert that my participation is voluntary and that I assume all risks. I further state that I am at least

(18) years of age and fully competent to sign this waiver and release.

Click here to enter a date.

**Printed Name Date**

Signature