

# Recreation Fitness

# registration

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Yes! Please email me fitness tips and recipes.**

## Liability Waiver – please read and sign

The undersigned recognizes that the activities related to the services provided by the instructor(s) of Recreation Fitness, including, but not limited to Emily Duval Ledger and ALL other Recreation Fitness instructors, (hereby referred to as "Providers"), involve a risk of physical injury or other complications, including, but not limited to, musculoskeletal injuries, cardiovascular trauma, neurological impairment, heart attack, and even death, to which may occur during or related to the use of Providers' services (hereby referred to as "Fitness Services").

The undersigned understands that he/she is solely responsible for limiting his/her activity to a level appropriate for him/her. The undersigned certifies that to the best of his/her knowledge, he/she has no physical impediments or medical conditions which would limit or should prevent his/her participation in the Fitness Services. The undersigned understands that it is in his/her best interest to consult a physician prior to participation. **THE UNDERSIGNED VOLUNTARILY AGREES TO ASSUME ALL RISKS ASSOCIATED WITH HIS/HER PARTICIPATION IN THE FITNESS SERVICES.**

Providers shall not be liable for any injuries or damage to the undersigned, or to the property of the undersigned, or be subject to any claim, demand, injury or damages whatever, **INCLUDING, WITHOUT LIMITATION, THOSE DAMAGES RESULTING FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF THE PROVIDERS** for all such claims, demands, injuries, damages, actions or causes of action. It is specifically agreed that Providers shall not be responsible or liable to the undersigned for articles stolen or lost in connection with Providers' services. This waiver shall be binding upon the undersigned's heirs, administrators, executors, and assigns.

**The undersigned hereby represents that he/she has read and understood this LIABILITY WAIVER and acknowledges that this waiver is being relied upon by Providers in agreeing to provide Fitness Services to the undersigned.**

Signature \_\_\_\_\_  
(if under 18, signed by parent or legal guardian)

Date \_\_\_\_\_

Print name \_\_\_\_\_ Relationship \_\_\_\_\_

# Recreation Fitness

# health history

Name \_\_\_\_\_

Date of last physical \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_

## Do you have any of the following cardiac, metabolic, or pulmonary conditions?

### HEART/VASCULAR

Y / N Diagnosed high blood pressure  
(systole >140 or diastole >90 mmHg)

Y / N Coronary angioplasty, cardiac surgery

Y / N Heart disease, heart attack, or angina

Y / N Heart murmur

Y / N Peripheral vascular disease

Y / N Stroke

Y / N Other \_\_\_\_\_

### METABOLIC

Y / N Diabetes

Y / N Kidney disease

Y / N thyroid or metabolic disease

### NEUROLOGICAL/AUTOIMMUNE

Y / N Muscular sclerosis

Y / N Lupus

Y / N Fibromyalgia

### RESPIRATORY

Y / N Asthma

Y / N chronic bronchitis

Y / N Emphysema, COPD

Y / N Parkinson's disease

Y / N Dementia

Y / N Other \_\_\_\_\_

## Do you currently have any of the following coronary risk factors?

Y / N Female age 55 or older

Y / N Smoking habit (within past 6 mos.)

Y / N Elevated cholesterol  
(total > 200mg/dl)

Y / N Male age 45 or older

Y / N Family history of heart disease  
(parents or siblings before age 55)

Y / N Sedentary lifestyle,  
inactive job, no regular  
exercise

## Do you currently have any of the following signs / symptoms / conditions?

Y / N Ankle swelling

Y / N Chest pain

Y / N Dizziness/fainting

Y / N Rapid heartbeats or palpitations

Y / N Shortness of breath

Y / N Unexplained fatigue

Y / N Are you pregnant?

## Please check if you have any of the following:

Y / N Anemia

Y / N Arthritis

Y / N Chronic back problems

Y / N Orthopedic problems  
(joint, bone)

Y / N Major surgery or hospitalization (within past 6 mos.) \_\_\_\_\_

## Please list all drugs (prescription and over-the-counter) you are taking: (list add'l on back)

Drug \_\_\_\_\_

Reason \_\_\_\_\_

Drug \_\_\_\_\_

Reason \_\_\_\_\_

Drug \_\_\_\_\_

Reason \_\_\_\_\_