



HEALTH HISTORY QUESTIONNAIRE

NAME: _____

DATE OF BIRTH: _____ EMAIL: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

Regular physical activity is safe for most people. We highly recommend that all individuals consult their physician before increasing their physical activity.

Please read and answer the following questions honestly. All information you provide will be kept confidential.

YES NO

___ ___ 1. Has your doctor ever said you have a heart condition and recommended only medically supervised activity?

___ ___ 2. Do you have chest pain brought on by physical activity?

___ ___ 3. Have you developed any chest pain within the last month?

___ ___ 4. Have you on one or more occasions lost consciousness or fallen over as result of dizziness?

___ ___ 5. Do you have a bone or joint problem that could be aggravated by any physical activity?

___ ___ 6. Has a doctor ever recommended medication for any heart condition or blood pressure?

___ ___ 7. Do you smoke?

___ ___ 8. Are you 50 and not accustomed to vigorous exercise?

___ ___ 9. Are you pregnant?

___ ___ 10. Are you taking any medications? If yes, please list what type and For what reason:

YES NO

____ 11. Are you aware, through your own experience or a doctor's advice, any physical reason that would prohibit you from exercising without medical supervision?

PLEASE NOTE: If you answered yes to any of the above questions, Balance Training Studio strongly recommends that you consult with your physician and receive written consent to exercise.

Please sign the below waiver included:

I, the undersigned, hereby expressly and affirmatively state that I wish to participate in an exercise program at Balance Training Studio. I understand that my participation in any activity involves risk of injury and the possibility of death. I also recognize that there are many other risks of injury, including serious disabling injuries that may arise from my participation in this program and that it is not possible to specify each and every individual risk. However, knowing the material risks and appreciating knowing and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury and even risk of death which could occur by reason of my participation.

I have had an opportunity to ask questions. Any questions I have asked have been answered to my complete satisfaction. I subjectively understand the risks of my participation in any activity at Balance Training Studio. Knowing and accepting these risks, I voluntarily choose to participate, assuming all risks of injury, even death due to my participation.

I, _____, hereby waive, release and forever discharge Balance Training Studio and its owners, agents, employees, contractors and representatives from any and all responsibilities or liability for injuries or damages resulting in my participation in any activities or my use of equipment or machinery at Balance Training Studio or arising out of my participation in any activity at Balance Training Studio.

Participants Signature

Date: _____

Witness (Balance Training Studio Representative)

Date: _____