

ADAM HARRIS FITNESS, LLC

WWW.ADAMHARRISFITNESS.COM

AN ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS, INDEMNITY AGREEMENT AND PHYSICAL ACTIVITY READINESS QUESTIONNAIRE AS PER ADAM HARRIS FITNESS, LLC.

ASSUMPTION OF RISK

I (print name)

do hereby acknowledge and confirm that I give consent to engage in procedures relative to Health Screening, Exercise Analysis, Fitness Testing, and any form of specific Fitness Training, Physical Activity, and Exercise Techniques used in Adam Harris Fitness, LLC. I also acknowledge the inherent hazards and risks involved in Adam Harris Fitness, LLC.

These inherent hazards and risks may include:

- Risk of injury from activity and/or equipment.
- Equipment failure/breakage.
- My own/others negligence.
- Fatigue, exhaustion, illness, other, etc.

(I understand that other hazards and risks is not complete and unknown and/or unanticipated hazards and risks may result in injury, illness and death)

All related forms of fitness are administered and prescribed by a certified and insured Exercise Professional and are performed on a voluntary basis by the participant.

There may be occasions that activity/exercise cause detrimental physiological changes.

All Exercise Specialists are fully qualified to recognize symptoms and administer the necessary First Aid, to include CPR, and AED use. In the event of a medical problem, I further recognize that any medical care that may be required is my personal responsibility and not the responsibility of Adam Harris Fitness, LLC.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In order to participate in Adam Harris Fitness, LLC activities I hereby release and hold harmless with respect to any and all injury, disability, death, damage to person, damage to property, whether caused by negligence or otherwise. I enter into this agreement, without relying on any other written or oral agreement other than stipulated here.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND THE TERMS, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

NAME (PRINTED):

SIGNATURE:

DATE:

Physical Activity Readiness Questionnaire

Date of Birth (Month/Day/Year):

Please complete the following questions in an accurate and truthful manner

Please tick if you suffer from/relate to any of the specified:

Physical History

- | | | | |
|----|--|-----------|----------|
| 1. | Diabetes | Yes | No |
| 2. | High/Low Blood Pressure | Yes | No |
| 3. | Respiratory Illnesses | Yes | No |
| 4. | Abdominal pain | Yes | No |
| 5. | Epilepsy | Yes | No |
| 6. | Clinical Neck/Back Pain | Yes | No |
| 7. | Other Muscular/Neuromuscular Disorders | Yes | No |
| 8. | Elevated Cholesterol Levels | Yes | No |
| 9. | Smoking | Yes | No |

Medical History

- | | | | |
|-----|---|-----------|----------|
| 10. | Is there any history of heart disease
in the immediate family? | Yes | No |
| 11. | Have you ever suffered from heart disease
or any other cardiovascular problem? | Yes | No |
| 12. | Are you taking any drugs or medication
currently? | Yes | No |

If yes, please specify below.

- | | |
|-----|--|
| 13. | Have you any medical condition which you |
|-----|--|

might interfere with your workout?

Yes

No

If yes, please specify below.

14. Are you pregnant or

had a baby in the last 12 Weeks?

Yes

No

Additional Information:

12. Continued:

13. Continued:

Goal Setting (Personal Training use only)

1. In regard to fitness/exercise what do you want to achieve in the following 6 weeks?

2. How much time will you commit to training/exercising in an average week?

3. What is your current workout/exercise/fitness schedule?

4. What are your biggest achievements in a previous workout/exercise/fitness program?

5. What effect do you think Personal Training will have on your fitness level?
