

## ADAM HARRIS FITNESS

### ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

#### 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. I also acknowledge the inherent hazards and risks involved in Adam Harris Fitness.

These inherent hazards and risks may include:

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

*(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 suitably qualified 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, including CPR. In the event of a medical problem, I further recognize that any medical care that may be required is my personal responsibility.

#### RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In order to participate in Adam Harris Fitness 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 at  
the moment? Yes ..... No .....
- If yes, please specify below.**
13. Have you any medical condition which you  
think might interfere with your workout? Yes ..... No .....
- If yes, please specify below.**
14. Are you pregnant or have  
had a baby in the last 12 Weeks? Yes ..... No .....

**Additional Information:**

12. Continued:

---

---

13. Continued:

---

---