



First Name _____ Surname _____
 Address _____
 Postcode _____ Mobile Phone _____
 Home Phone _____ Work Phone _____
 Email _____ Date of Birth _____
 Emergency Contact _____ Phone Number _____

Asses your health needs by circling either Yes/No

History- you have had:

- A heart attack **Yes/No**
- Heart surgery **Yes/No**
- A Pacemaker **Yes/No**
- Heart failure **Yes/No**
- Heart valve disease **Yes/No**
- A heart transplant **Yes/No**
- Congenital heart disease **Yes/No**

Symptoms- you experienced:

- Chest discomfort with exertion **Yes/No**
- Unreasonable breathlessness **Yes/No**
- Dizziness, fainting, blackouts **Yes/No**
- Musculoskeletal problems **Yes/No**

Other health items- you:

- Take prescription medications **Yes/No**
- Take heart medication **Yes/No**
- Are pregnant **Yes/No**
- Trying to conceive **Yes/No**

Assess your cardiovascular risk by circling either Yes/No

You:

- Are male, over 45yrs **Yes/No**
- Are female, over 55yrs **Yes/No**
- Are postmenopausal **Yes/No**
- Are a smoker **Yes/No**
- Have high blood pressure **Yes/No**
- Take BP medication **Yes/No**
- Have cholesterol >240mg/dL **Yes/No**
- Have family history of heart attack **Yes/No**
- Are diabetic **Yes/No**
- Are physically inactive **Yes/No**
- Have epilepsy **Yes/No**
- Have asthma **Yes/No**

Do you need a medical release form before commencing a physical activity program?

Yes (you answered yes to one or more of the above questions). No (let's go

Do you have any **medical condition** that may prevent you from exercising? Yes/No

If yes, please tell me about them _____

Do you **take** any prescription medication, pills, tablets or supplements?

This Agreement is made between the Trainer and you in relation to participating in personal/group strength, fitness and conditioning training (the 'Activity').

'Trainer' means 'ACTIVE4LIFE' Australian Registration Business, being Hannes Holly and Naomi Holly as trustee of Holly Family Trust of 28 John Farrant Drive Gooseberry Hill, Perth 6076.

'Activity' includes related advice.

I acknowledge that I will be participating in the Activity that at my own risk.

I agree to indemnify and keep indemnified and release the Trainer, their agents, affiliates, employees, members, sponsors, promoters and any person or body directly and indirectly associated with the Trainer, in respect of all liability (including liability for their negligence and the negligence of others) claims, demands, and proceeding arising out of or connected with my participation in the Activity.

I acknowledge that participating in the Activity may involve a risk of serious injury or even death from various causes including but without limiting the generality of the foregoing over exertion, dehydration, equipment failure and accidents with equipment and surroundings.

I recognise the difficulties associated with the Activity and accept the risks. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in the Activity and my Trainer will be immediately informed if the status changes.

I certify that I am 18 years or older and have read this Agreement and fully understand it;

Or

As a parent or guardian of a minor or person with a disability, (a) I agree to the above for myself and on behalf of my charge and (b) I indemnify and will keep indemnified the Trainer in the manner described above.

Signature: _____ (guardian/parent to sign if under 18 years of age)

Full name (please print): _____ **Date:** _____

Address: _____ **Telephone H:** _____

_____ **O:** _____

_____ **Mob:** _____

Name of Trainer: _____ **Signature of Trainer:** _____

