

CLIENT/PATIENT DETAILS

Name: _____

Address: _____

City: _____ County: _____ Postal Code: _____

Home Telephone: _____ Business Telephone: _____

Mobile: _____ Email: _____

Emergency Contact Phone: _____ Relationship: _____

Date of Birth: _____

MEDICAL

- A. Check the appropriate response. Read all questions thoroughly. YES NO
- 1. Has your doctor ever told you that you have heart problems? _____
 - 2. Has your doctor ever told you that you have a high blood pressure? _____
 - 3. Have you ever had a stroke or heart attack? _____
 - 4. Have you ever had pain in your chest? _____
 - 5. Do you feel faint or have dizzy spells? _____
 - 6. Have you had surgery in the last 6 months? _____
 - 7. Do you smoke? _____

B. Check the appropriate conditions.

Diabetes _____ Epilepsy _____ Blood Pressure _____
Asthma _____ Arthritis _____ High Cholesterol _____
Heart _____ Pregnancy _____

C. Are you currently taking any medications? Yes _____ No _____

If you checked "yes", please list medications, dosage, and for what condition.

Medication _____ Dosage _____ Condition _____

Medication _____ Dosage _____ Condition _____

Medication _____ Dosage _____ Condition _____

INJURY HISTORY

D. Have you injured or have pain in the following areas? Check the appropriate lines.

Neck _____ Upper Back _____ Shoulders _____

Elbows _____ Lower Back _____ Hips _____

Wrists _____ Knees _____ Other _____

Additional Details _____

E. Are you currently undergoing treatment from any of the following?

Physiotherapist _____ Chiropractor _____ Massage Therapist _____

If yes, why? _____

Other
Notes: _____

LIFESTYLE

F. What is your current exercise level?

None _____ 2-3 times per week _____ 4-5 times per week _____

What type? _____

G. How would you rate your level of stress on a daily basis?

Low _____ Moderate _____ High _____

H. Estimate how many hours of sleep you get each night. _____

OTHER

Please be advised that certain restrictions may require you to obtain medical clearance from your Doctor before training can begin.

INFORMED CONSENT/PARTICIPANT RELEASE

Purpose and Explanation of Procedures

I, _____,

hereby consent to voluntarily engage in a Corrective Exercise, Injury Rehabilitation or Personal Training Program with Ambition Health & Performance.

The levels and intensity of exercise I perform will be based upon my cardiorespiratory (heart and lungs) abilities and muscular fitness. I acknowledge that it has been recommended to me that I be examined by my GP and obtain his/her approval for my participation in the programme within 30 days of the date set forth below. Furthermore, within the 12 month period preceding the date of this release, I have not been advised by a GP or other health care professional of any medical condition which would prevent me from participating safely in a physical fitness or conditioning programme. I will be given instructions regarding the amount and type of exercise I should perform. An Ambition Health & Performance trainer will direct and monitor my activities and otherwise evaluate my effort. I understand that I am expected to follow the trainers' instructions with regard to exercise, health and fitness related programmes. If I am taking medications I have already so informed Ambition Health & Performance and further agree to inform my trainer promptly of any changes my doctor or I have made with regard to use of any medications or change in medical status. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of my programme.

I have been informed that during my participation in the above-described programme I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At that point, I have been advised to decrease or stop exercising and that it is my obligation to inform the trainer of my symptoms. I hereby state that I have been so advised and agree to inform the trainer of my symptoms should any develop.

I understand that during the performance of exercise the trainer will periodically monitor my performance which may include measuring my pulse, blood pressure or assessing my feelings of exertion for the purposes of monitoring my progress. I also understand that the trainer may reduce or stop my exercise programme, when any of these findings so indicate that this should be done for my safety and benefit.

I understand that during the performance of the programme, physical touching and the positioning of my body by the trainer may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the reasons stated above.

It is my understanding and I have been informed that there exists the possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, physical dizziness, disorders of heart rhythm, and less likely, heart attack, stroke or even death. I further understand and have been informed that there exists the risk of bodily injury, but not limited to, injuries to the muscles, ligaments, tendons and joints of the body. I have been advised that appropriate efforts will be made to minimise these occurrences by proper assessments of my condition before each session, trainer supervision during exercise, and by my own control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, and knowing these risks, it is my desire to participate as herein indicated.

I have been given the opportunity to ask questions regarding the procedures of the exercise programme and I have received satisfactory answers to those questions

I agree that Ambition Health & Performance shall not be liable or responsible for any injuries to me resulting from my participation in the exercise programme (whether at home or at a health club, outdoors or at other public places, or corporate, commercial, residential or other fitness facility). I expressly release and discharge Ambition Health & Performance from any claims, suits and the like of a result of any injury or other damages which may occur in connection with the participation in the exercise programme, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns. I have read this form and understand all of its terms. I consent to the rendition of all services and procedures as explained herein by Ambition Health & Performance Staff.

Participant Signature

Ambition Health & Performance Staff

Print Name

Print Name

Date

Date