



INFORMATION SHEET

Name: _____ Date: _____

Birthday: _____ Height: _____ Weight: _____

Street Address: _____

City: _____ ZIP: _____

Phone : Home: _____ Work: _____

Email: _____ Cell: _____

How did you hear about Brian? _____

Physician's Name: _____ Phone: _____

PLEASE LIST ANY:

CURRENT INJURIES: _____

PRIOR SURGERIES: _____

MEDICATIONS: _____

GOALS: _____

***Please note that all sessions will be charged if not canceled within 24 hours.**

ACSM HEALTH STATUS QUESTIONNAIRE

- Yes___ No___ 1. Do you have any personal history of heart disease?
- Yes___ No___ 2. Do you have any personal history of metabolic disease (thyroid, renal, liver)?
- Yes___ No___ 3. Have you had diabetes for less than 15 years?
- Yes___ No___ 4. Have you had diabetes for 15 years or more?
- Yes___ No___ 5. Have you experienced pain or discomfort in your chest apparently due to blood flow deficiency?
- Yes___ No___ 6. Have you had any unaccustomed shortness of breath (perhaps during light exercise)?
- Yes___ No___ 7. Have you had any problems with dizziness or fainting?
- Yes___ No___ 8. Do you have difficulty breathing while standing or sudden breathing problems at night?
- Yes___ No___ 9. Do you suffer from ankle edema (swelling of the ankles)?
- Yes___ No___ 10. Have you experienced a rapid throbbing or fluttering of the heart?
- Yes___ No___ 11. Have you experienced severe pain in leg muscles during walking?
- Yes___ No___ 12. Do you have a known heart murmur?
- Yes___ No___ 13. Do you have any family history of cardiac or pulmonary disease prior to age 55?
- Yes___ No___ 14. Have you been assessed as hypertensive on at least 2 occasions?
- Yes___ No___ 15. Has your serum cholesterol been measured at greater than 240 mg/dl?
- Yes___ No___ 16. Has your HDL (the "good" cholesterol) been measured at greater than 60 mg/dl?
- Yes___ No___ 17. Are you a cigarette smoker?
- Yes___ No___ 18. Would you characterize your lifestyle as "sedentary"?

PAR Q.

- Yes___ No___ 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Yes___ No___ 2. Do you feel pain in your chest when you do physical activity?
- Yes___ No___ 3. In the past month, have you had chest pain when you were not doing physical activity?
- Yes___ No___ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes___ No___ 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes___ No___ 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes___ No___ 7. Do you know of any reason why you should not do physical activity?

I have read and have answered all the questions above accurately and honestly.

Name_____

Signature_____

Date_____

PARTICIPANT'S AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

We thank you for your continued support and membership in our health club facility. In an effort to provide you with opportunities to maximize your fitness goals, we would like to solicit your input. Your observations and opinions are a valuable resource that we would like to utilize. We are asking that you agree to notify us if you become aware of any problems or defective equipment at this facility. This is your club and your chance to participate in its management. We would also like to remind you that this is your responsibility to make certain that your exercise program is the right one for you. You must consult with your physician before beginning or modifying any exercise regime.

1. I warrant that I am in good health and that I have notified Brian Austin of any pre-existing medical conditions that I have.
2. The storage of valuables is at my own risk.
3. If equipment is defective, I will not use it and I will report its condition to Brian.
4. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary and I elect to participate in spite of the risks.
5. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Brian Austin for any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Brian's equipment or facilities, including any such claims which allege the negligent acts or omissions of Brian.
6. Should Brian or anyone acting on his behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
7. In the event of a dispute under this Agreement, the Parties agree to work together to reach a resolution. If, after making a good faith effort to resolve the dispute amongst themselves the Parties are at an impasse, either Party shall submit the dispute to Mediation in Madison, Wisconsin.
This contract is subject to the laws of Wisconsin.

By my signature below, I acknowledge that I have read the foregoing, understand it and agree to the terms.

Signature: _____ Date: _____