



Client Profile

PERSONAL INFORMATION:

Name: _____
Cell Phone: (____) ____ - _____
Home Phone: (____) ____ - _____
Other: (____) ____ - _____
Address: _____

E-Mail: _____
Date of Birth: ____/____/____
Gender: _____

EMERGENCY CONTACT INFORMATION:

<u>Primary Contact</u>	<u>Secondary Contact</u>
Name: _____	Name: _____
Relation: _____	Relation: _____
Home Phone: (____) ____ - _____	Home Phone: (____) ____ - _____
Cell Phone: (____) ____ - _____	Cell Phone: (____) ____ - _____
Work Phone: (____) ____ - _____	Work Phone: (____) ____ - _____
Email: _____	Email: _____

FAMILY INFORMATION:

Name	Relation	Birthday
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Sport(s): _____
Position: _____
Hobbies: _____

Clubs/Organizations: _____
Awards/ Achievements: _____
Referred by: _____
Main Training goal: _____



Medical History & Physical Activity Readiness Questionnaire

Do you now have, have you recently experienced, or have you ever had:
(check all those that apply, leave others blank).

- | | |
|---|---|
| <input type="checkbox"/> Heart Attack, coronary bypass, or stroke | <input type="checkbox"/> High/Low Blood Cholesterol |
| <input type="checkbox"/> Extra, skipped or rapid heart beats/palpitations | <input type="checkbox"/> High/Low Blood Pressure |
| <input type="checkbox"/> Asthma, respiratory problems, pulmonary disease | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Thyroid condition | <input type="checkbox"/> HIV or AIDS virus |
| <input type="checkbox"/> Arthritis, orthopedic problems | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Bone or joint disorders or injuries | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Ulcer | <input type="checkbox"/> Neuromuscular disease |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Bulimia or Anorexia |
| <input type="checkbox"/> Increased anxiety or depression | <input type="checkbox"/> Weight Loss/Gain |
| <input type="checkbox"/> Fatigue, lack of energy | <input type="checkbox"/> Trouble sleeping |
| <input type="checkbox"/> Dizziness or shortness of breath | <input type="checkbox"/> Epilepsy |

Please explain any conditions that you have checked above:

Please list any medications and prescription drugs you currently take:

Please list any over the counter medications, dietary supplements, vitamins, or minerals you currently take:

Please list any illness, hospitalization, or surgical procedure within the past two years:

Are you aware, through your own experiences or a doctor's advice, of any physical reason against your exercising without medical supervision? Yes No

Are you over the age of 65 and not accustomed to rigorous exercise? Yes No

Are you currently or have you been pregnant within the last six months? Yes No

Client Name: _____ Client Signature: _____

Parent or Guardian Signature: _____ Date: _____



Waiver and Release, Assumption of Risk and Parental Consent and Indemnity Agreement

In consideration of my minor child being permitted to participate in any way in the SOURCE Institute for Human Performance ("SOURCE") sponsored Activities ("Activity"), I agree:

1. I understand the nature of SOURCE activities and the Minor's Experience and capabilities and believe the Minor to be qualified to participate in such Activity. I further acknowledge that I and the Minor are aware the activity will be conducted in facilities open to the public during the Activity. I further agree and warrant and will instruct the Minor that if at any time the Minor believes conditions to be unsafe, he/she will immediately discontinue further participation in the Activity.
2. I fully understand that: (a) SOURCE Activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by the Minor's own actions, or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "Releasees" named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages incurred as a result of the Minor's Participation in the Activity.
3. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless SOURCE, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor, or anyone on the Minor's behalf makes a claim against any of the Releasees named above, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage or cost any may incur as the result of any such claim.

I have read the agreement, fully understand it's terms, understand that I and the Minor have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

Name of Minor Child (Please print)

Signature of Parent or Legal Guardian

Signature of Witness

Date

Printed Name of Parent or Legal Guardian

Printed Name of Witness