



Name \_\_\_\_\_  
(Last) (First) (MI)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email: \_\_\_\_\_ @ \_\_\_\_\_ Phone \_\_\_\_\_  
(Home) (Cell)

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Weight: \_\_\_\_\_ Sex: M F

Emergency Contact Phone: \_\_\_\_\_

**SECTION I: RISK ASSESSMENT**

Are you active YES NO

Activity or Exercise / Times per week / Minutes per session:

Date of last full physical: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever had any form of heart disease? YES NO

Have you ever experienced shortness of breath or chest pain? YES NO

*Do you have any problems in the following areas? Please explain to the best of your ability.*

- High Blood Pressure YES NO Levels:
- High Cholesterol Level YES NO Levels:
- Cigarette Smoking YES NO How many per day? In the past? How long?
- Diabetes YES NO Insulin dependent?
- Family history of heart disease YES NO Who/Age?
- Abnormal resting EKG YES NO Explain:
- Are you currently taking any medication? YES NO Explain:
- Knees YES NO Explain:
- Low Back YES NO Explain:
- Neck/Shoulders YES NO Explain:
- Hips/Pelvis YES NO Explain:
- Flexibility YES NO Explain:
- Any other YES NO Explain:

(INITIAL HERE) \_\_\_\_\_

**SECTION I:**

I grant Corps Fitness the right to take photographs of me and authorize Corps Fitness, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Corps Fitness may use such photographs of me with or without my name and for any lawful purpose including for example such purposes as publicity, illustration, advertising and web content.

(INITIAL HERE) \_\_\_\_\_

**SECTION II:**

I, \_\_\_\_\_, (FULL NAME) agree to participate in exercise and conditioning activities at the Corps Fitness facility and otherwise participate with Corps Fitness group fitness. I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardio respiratory systems. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by Corps Fitness. I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instances of heart attack or even death. I agree to waive, release, remise and discharge Corps Fitness and its agents, officers, principals, contractors, and employees of any and all claims, demands, actions or damages of any kind resulting from participation in Corps Fitness classes or individual training sessions. The undersigned hereby releases Corps Fitness as well as waives any and all claims and understands and assumes any and all risk with participation with Corps Fitness.

Participant Signature (sign, print name, date) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_  
(if Participant is under the age of 18)