



Name:

Address:

Phone:

Age: Birthday:

Emergency phone:

Email:

Recent injuries, health conditions/concerns. Please list all health issues including recent surgeries, high blood pressure, diabetes, joint/muscle issues, past injuries, etc

Goals:

Liability waiver for participation in Bethany's Bikini Boot camp:

I understand, being aware of my own health and physical condition, and having knowledge that my participation in any exercise activity may be injurious to my health, and am voluntarily participating in physical activity with Bethany's Bikini boot camp.

Having this knowledge, I hereby release Bethany Roley and any other trainers with Bethany's Bikini Boot camp from liability for accidental injury or illness that I may incur as a result of participating in the said physical activity. I hereby assume all risks connected there with and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

I understand that there are no refunds given unless medical documentation is provided that I can no longer participate in the program.

I understand that results will vary.

Signature: _____

Date:

PRE-EXERCISE SCREENING FORM

Name _____
Age _____
D.O.B ____/____/19____
Address _____
Sex _____
Height _____
Weight _____
Tel Home _____ Tel Work _____ Tel Mobile _____
Emergency Contact number _____

Have you ever suffered from any of the following medical conditions ?

- Diabetes: Y N
- Stress or High Blood Pressure: Y N
- Asthma or Respiratory Illness: Y N
- Heart or Chest Pains: Y N
- Epilepsy, Fainting or Dizziness: Y N
- Arthritis: Y N
- Neck or Back Pain: Y N
- Any other muscle or joint pain? Please specify _____

Are you pregnant? Y N
Have you had a baby in the last six months? Y N
Do you smoke? Y N
If YES, how may per day _____

Has your doctor ever advised you against any form of exercise? Y N
If YES, please explain

Are you presently taking any medication on a regular basis? Y N
If YES, please list names and dosages of each

Are you currently on a specific diet? Y N
If YES, please give details and where you heard about the diet

Are you aware of any injury, past or present, which may be aggravated by any form of exercise? Y N

If YES, please explain

Do you currently exercise? Y N

If yes, what types of exercises do you currently do?

How do you rate the amount of physical activity you perform while at work ?

_____ Very low _____ Low _____ Moderate

_____ Active _____ Very Active

Which types of training have you had experience with previously ?

1. Cardiovascular training (Walking, Jogging, Running): Y N

2. Endurance training (Long distance running): Y N

3. Strength training (Free weights, resistance machines): Y N

4. Flexibility training (Yoga, Pilates): Y N

5. Hypertrophy training (Bodybuilding): Y N

6. Regular gym sessions: Y N

Are you presently, or have you previously, played a specific sport? Y N

If YES, please specify

How do you perceive your current level of fitness?

_____ Low _____ Average _____ Good _____ High

What are your short and long term health and fitness goals?

Short Term:

Long Term:

Signed _____ Date ____/____/20____

Informed Consent

The exercise sessions you will become involved with and undertake with Bethany's Bikini Boot Camp will consist of progressive exercise levels and be determined and regulated by your trainer. The exercise sessions will consist of aerobic and weight training as well as education and instruction. These exercises are designed to place a gradual increasing stress on the body and as such to improve the body's function, although no guarantee can be made.

_____ Initials

I am aware that all activities are offered as recreational or self directed in nature and I have the right and choice to stop activity at any time. I also assume full responsibility during and after my participation for any risk, discomfort or fatigue that I may experience. I understand that exercise and cardiovascular activity and the response of my body to such activity cannot be predicted. I acknowledge my responsibility and obligation to inform the nearest supervising trainer of any pain, discomfort, fatigue or any other symptoms that I may suffer and that it is my choice to participate in the training program. I also understand levels may vary and that I accept assumption of all the risk that may imply as my own.

_____ Initial

The information made and obtained during the boot camp sessions is treated as confidential. However it may be used for statistical purpose as long as my privacy is not compromised.

_____ Initial

I understand that I may ask any questions or request further information about any of the activities, programs, or services offered at any time before, during or after participation. I understand that there are no refunds given unless I provide medical documentation that I am unable to continue

_____ Initial

I have read the above and consent to participate in Bethany's Bikini Boot Camp.

Signature

Date

Trainer

Date