

Elevate Fitness

Welcome to Elevate Fitness Greenwich. Our mission is to address each individual body as a unique instrument. We offer the opportunity of a well-balanced, safe, effective, and efficient workout. Uniquely versatile, we offer a wide range of training programs that can be specifically adapted to the needs of each individual. All of our private and semi-private programs are taught by a member of our talented and highly qualified professional team. We look forward to helping you!

In order to design a safe and effective fitness program it is important that you complete the following Health History. It is crucial that you answer ALL the questions honestly and to the best of your ability. Please be advised that all information is kept strictly confidential.

Home: _____

Name: _____

Business: _____ Cell: _____

E-mail: _____

Address: _____

Referred by: _____ Emergency contact: _____ email: _____ phone #: _____

Date of birth: _____ Age: _____ Weight: _____ Height: _____

A. Check the appropriate response. Read all questions thoroughly.

Yes

No

- | | | |
|---|-------|-------|
| 1. Has the doctor ever told you that you have heart problems? | _____ | _____ |
| 2. Has the doctor ever told you that you have high blood pressure? | _____ | _____ |
| 3. Have you had a stroke or heart attack? | _____ | _____ |
| 4. Have you ever had pain in your chest? | _____ | _____ |
| 5. Do you ever feel faint or have dizzy spells? | _____ | _____ |
| 6. Have you had surgery in the last 6 months? | _____ | _____ |
| 7. Do you or in the last 6 months smoked on a regular basis? | _____ | _____ |
| 8. Do you have any family history of Cardio Vascular Disease or other serious conditions? | _____ | _____ |

B. Check the appropriate conditions.

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

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

Neck _____ Upper back _____ Shoulders _____
Elbows _____ Lower back _____ Hips _____
Wrists _____ Knees _____ Ankles _____

If yes, please explain:

Elevate Fitness

D. Are you currently taking any medication? Yes _____ No _____

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

Medication _____	Dosage _____	Condition _____
Medication _____	Dosage _____	Condition _____
Medication _____	Dosage _____	Condition _____

E. What is your current exercise level?

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

What type? _____

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

Low _____ Moderate _____ High _____

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

H. What are your exercise goals? Number the following according to their importance to you. (1-7 high to low)

Weight Loss _____	Weight Gain _____	Stress Reduction _____
Other _____	Posture _____	Increased Strength _____
Cardiovascular Conditioning _____		

I. Are you currently following any type of special diet? Please check appropriate lines.

Reduced Calorie _____	Increased Calorie _____	Low Fat _____
Low Cholesterol _____	Low Salt _____	Low Carb _____
Other _____		

J. Are there any other reasons (health or personal) that may limit or prevent you from exercising?

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

Elevate Fitness Directives:

1. The duration of one session is one hour or one half hour.
2. The exercise sessions are individually monitored with continuous supervision and instruction.
3. For optimum results we recommend 2-3 sessions per week.
4. Please wear comfortable workout clothes that enable you to move freely.
5. A complete and accurate health history questionnaire is required before exercise can begin.
6. Please inform the trainer if you experience and discomfort, dizziness, lightheadedness, or blurred vision during the course of your session.
7. Some of the training requires hands on, if this is uncomfortable for you in any way, please let us know. Initial _____

Cancellation Policy and Session Expiration

Trainer requires 24 hour advance notice on all cancellations, or you will be charged for the session. A missed session will be regarded as a cancellation. All session **MUST** be used within 6 months of purchase. After the 6 months laps the sessions will be terminated. We appreciate your understanding and cooperation. Thank you! Initial _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in the Health & Fitness Classes, Programs or Workshops, offered by Elevate Fitness, LLC., during which I will receive information and instructions about health and fitness. I recognize that fitness programs require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Health & Fitness Classes, Programs or Workshops. I represent and warrant that I am physically fit and I have no medical conditions, which would prevent my full participation in the Exercise Classes, Health Programs or Workshops.
3. In consideration of being permitted to participate in the Health & Fitness Classes, Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown which might occur as a result in participating in the program.
4. In further consideration of being permitted to participate in the Health & Fitness Classes, Programs or Workshops, I knowingly, voluntarily and expressly waive any claim to sue Elevate Fitness LLC., and/or independent contractors for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives' forever release, waive, discharge and covenant to sue Elevate Fitness LLC. for any injury or death caused by negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date

Signature of Participant

If participant is under 18 : As Legal Guardian of _____, I
Consent to the above terms and conditions.

Signature of Parent/Guardian of Participant

Trainers Name: _____ Date: _____