



Jen Bauer Fitness, LLC
Nothing great or memorable happens in your comfort zone!

www.JenBauerFitness.com

Phone: (267) 246-0074

Jen@JenBauerFitness.com

Fitness Training Waiver of Liability

Personal Information:

Name: _____ Date of Birth: ____/____/____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____@_____

Emergency Contact: _____ Relation: _____

Emergency phone: _____

Liability Waiver:

I _____, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with Jen Bauer Fitness, LLC.

Having such knowledge, I hereby release Jen Bauer Fitness, LLC and Honey Brook Township, their representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith 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.

Signature: _____ Date: _____

Witness: _____ Date: _____



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Name of participant _____ Date _____

Date of Birth: _____

For most people physical activity should not pose any problems or hazard. This Health Screening Survey has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question if it applies to you.

1. Do you get chest pain while at rest and/or during exertion? YES ___ No ___
2. If yes to #1 above, have you had your physician diagnose those pains? YES ___ No ___
3. Have you had a heart attack? YES ___ No ___
4. If yes to #3 above, was your heart attack within the last year? YES ___ No ___
5. Do you have high blood pressure? YES ___ No ___
6. Do you know if you have diabetes? YES ___ No ___
7. If the answer to #6 is yes, are you presently being treated for diabetes? YES ___ No ___
8. Are you short of breath after extremely mild exertion, at rest, or at night in bed?
YES _____ No _____
9. Do you have ulcerated wounds or cuts on your feet that do not seem to heal?
YES _____ No _____
10. As an adult, have you ever had a fracture in the hip, spine, or wrist? Yes ___ No ___
11. Have you undergone joint replacement surgery? Joint: _____ Year: _____
12. While at rest, do you frequently experience fast, irregular heartbeats? Or, at the other extreme, very slow beats? YES _____ No _____

13. Are you currently being treated for any of the below heart or circulatory condition?

Vascular disease	Yes_____	No_____
Stroke	Yes_____	No_____
Angina	Yes_____	No_____
Hypertension	Yes_____	No_____
Congestive heart failure	Yes_____	No_____
Poor circulation to the legs	Yes_____	No_____
Valvular disease	Yes_____	No_____
Blood clots	Yes_____	No_____
Pulmonary disease	Yes_____	No_____

14. Have you previously undergone either coronary angioplasty or heart bypass surgery, or both? YES _____ No _____

15. Have you fallen more than twice in the past year? YES _____ No _____

All participant are required to have your physician complete the form below PRIOR to attending a fitness class with Jen Bauer Fitness, LLC and the Honey Brook Township.

Physician's Release Form

My patient, _____, is medically healthy to participate in an exercise program.

Restrictions/Comments _____

Physician's Name Date: _____

Physician's Signature