

virtualhomefitness.com

virtualhomefitness@juno.com, 561 676-6179

Release Form

Name _____ Home Phone _____
Address _____

AGREEMENT AND RELEASE OF LIABILITY

1. I understand and am aware that strength, flexibility, and aerobic type exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury. I understand that there are risks of physical injury as a result of participating in exercise and physical training activities, and I agree to assume the full risk of and release Marc Thompson from any liability for, any injuries, including death, damages or loss, that I may sustain as a result of participating in any of the activities and programs of Marc Thompson.

2. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment use so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and the use of equipment and machinery without the approval of my physicians and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

3. *Please note any cancellation or postponement within 24 hours of the scheduled sessions will be charged.*

Signature _____ Date _____

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Client History

NAME	Age	
Address	Email	
Home Phone	Cell	
Primary Physician	Phone	
Emergency Contact	Phone	
NUTRTION (List foods)		
Breakfast		
Lunch		
Dinner		
FITNESS GOALS		
CURRENT EXERCISE		
Medication(s)	Condition	
Surgery(s)		
MEDICAL HISTORY (Circle and explain any that apply)		
Neck	Fingers	Ankles
Wrist	Knees	Arms
Hips	Elbow	Low Back
Shoulders	Middle Back	
Alcoholism	Fractures/Dislocat'ns	Osteoporosis
Allergies/Sinusitis	Heart Attack/Disease	Pacemaker
Anemia/Bleeding	Hernia	Paralysis
Angina/Chest Pains	High Cholesterol	Phlebitis
Arthritis/FM	High Triglyceride	Pregnancy
Asthma	History Diabetes	Rheumatic Fever
Cancer	History Heart	Shortness of Breath
Cigarette Smoking	Disease	Smoked in Past
Diabetes	History	Sports Injury
Digestive Conditions	Hypertension	Strains
Dizziness/Blackouts	Hysterectomy	Stroke
Emphysema	Menopause	Thyroid
Epilepsy	Muscle	Varicose Veins
Fainting	Cramps/Weak	Other
Signature		Date