

Client Profile & Health History

Date ____ / ____ / ____

Name _____

Spouse _____

Birthdate ____ / ____ / ____

Age _____

Address _____

Email _____

Phone _____

Primary Care Physician _____

(Name)

(Office)

(Phone Number)

Emergency Contact _____

(Name)

(Phone Number)

Please indicate if you have any of the following:

	Yes	No	Explain
Advice from a physician NOT to exercise	_____	_____	_____
Difficulty with physical exercise	_____	_____	_____
Heart problems, chest pain, or stroke	_____	_____	_____
History of heart problems in immediate family	_____	_____	_____
High Blood Pressure	_____	_____	_____
High Cholesterol	_____	_____	_____
Asthma / Breathing / Lung Problems	_____	_____	_____
Cigarette / Cigar / Pipe smoking habit	_____	_____	_____
Pregnancy (now or within last 3 months)	_____	_____	_____
Recent surgery (last 12 months)	_____	_____	_____
Diabetes or Thyroid Condition	_____	_____	_____
More than 20 lbs over your ideal weight	_____	_____	_____
Any chronic illness or condition	_____	_____	_____
Muscle, tendon, joint, or back disorder (see below)	_____	_____	_____
Arthritis	_____	_____	_____
Bursitis	_____	_____	_____
Foot Injuries (past / present)	_____	_____	_____
Knee injuries (past / present)	_____	_____	_____
Hip injuries (past / present)	_____	_____	_____
Shoulder injuries (past / present)	_____	_____	_____
Fatigue	_____	_____	_____
Anxiety	_____	_____	_____
Hernia or any condition that may be aggravated by lifting weights	_____	_____	_____
Currently taking any medications	_____	_____	_____
Over 35 years old (men) / 40 years old (women)	_____	_____	_____
Any other limiting factor, not listed above	_____	_____	_____

If you answered "yes" to any of the above Risk Factor questions, seek medical clearance from your physician prior to beginning this exercise program.

Client signature _____

Date: ____ / ____ / ____



INFORMED CONSENT WAIVER AND RELEASE OF LIABILITY

In consideration of entry into training with Brad Nelson and Kinetic Edge Performance, Inc., I _____, (please print) intend to be legally bound and do hereby agree to be legally bound for myself and for all successors in interest I may have, by this Contract, Waiver and Release of Liability, and hereby agree to hold harmless and indemnify Brad Nelson and Kinetic Edge Performance, Inc., as well as officers, members, employees, assistants, volunteers, assigns, or agents of any type whatsoever acting on or in behalf of the aforementioned entities and persons, against any claims for damages or other claims for injuries or losses of any kind suffered by me or any others directly or indirectly, arising out of any practice, instructions, or other activity related to this program as well as participation in the program or traveling to for from this program or any other activity related to this program.

I understand that the activities, exercises and training methods to be taught may not be appropriate for all people and may, in some cases, cause injury or aggravate existing injuries. I certify that I am physically able to participate in this activity and will further hold Brad Nelson and Kinetic Edge Performance, Inc., as well as any officers, members, employees, assistants, volunteers, assigns, or agents of any type whatsoever acting on or in behalf of the aforementioned entities and persons, harmless for any injury sustained in the course of this training due to any physical defect or condition that I may have, whether now known, or hereinafter discovered. I further acknowledge that in consideration for this training, this release shall not expire and shall be considered effective in perpetuity. I also understand that all exercises, training methods and concepts are to be used at my own risk and that the aforementioned trainers and entities assume no responsibility for my actions.

I acknowledge if I am uncomfortable with any activity, exercise or training program within the course that I may immediately state so, and that is my right and responsibility to remove myself from the situation immediately and that I am encouraged to do so.

I have understood all that is expressed in this waiver and release of liability, and I certify that I am of sound judgment, legally competent to agree to this waiver. Additionally, I certify that I am ___/ am not ___/ (check one) eighteen (18) years of age or older, or a legally emancipated adult.

Participant's Signature _____

Date _____

Signature of Parent (If Required) _____

Witness _____