

### Questionnaire

Name: ..... Address: .....

ID: ..... Gender: .....

Date of birth: ..... Mobile: .....

Emergency Contact (parents): .....

### Body Composition

Height	Weight	BMI

### Medical History

<input type="checkbox"/> Smoking	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Cholesterol
<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Anemia
<input type="checkbox"/> Asthma	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Hernia
<input type="checkbox"/> Any Chronic Illness	<input type="checkbox"/> Any Surgeries	<input type="checkbox"/> Bones or Muscle Problem

### Any Comments

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Signature: .....

Date: .....

Mobile: .....

General Statement of Program Objectives and Procedures:

I understand that this physical fitness program includes exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight muscles and bone). Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, rowing machine exercises, group aerobic activity, and other aerobic activity). Weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

I hereby fully and forever release and discharge personal trainer, facility or any persons involved with this program from all claims, demands, damages, rights of action, present and future therein.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition.

I state that I have had a recent physical checkup and have personal physician's permission to engage in aerobic and/or anaerobic conditioning.

I have been informed of the possible strenuous nature of physical fitness program and the potential for unusual, but possible, physiological results including, but not limited to abnormal blood pressure, muscle soreness, fainting, heart attack or death.

By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility. The gym specialist, facility of any persons involved with physical fitness program. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

Signature: .....

Date: .....

Mobile: .....