



HEALTH HISTORY FORM AND WAIVER

Name _____

Phone _____

Address _____

Email _____

Age _____

Sex male female

Doctor _____

Phone _____

Contact in case of emergency _____

Phone _____

Are you taking any medications or drugs?

Yes No

If so please list medication, reason and dose.

Does your doctor know you are participating in an exercise program?

Yes No

Describe any physical activity you do somewhat regularly.

Do you now or have you had in the past:

1. History of heart problems, chest pain or stroke

Yes No

2. High blood pressure

Yes No

3. Any chronic illness or condition

Yes No

4. Difficulty with physical exercise

Yes No

5. Advice from physician not to exercise

Yes No

6. Recent surgery (last 12 months)

Yes No

7. Pregnancy (now or within last 3 months)

Yes No

8. History of breathing or lung problems

Yes No

9. Muscle, joint or back disorder, or any previous injury still affecting you

Yes No

10. Diabetes or thyroid condition

Yes No

11. Cigarette smoking habit

Yes No

12. Obesity (over 20% over ideal body weight)

Yes No

13. Elevated blood Cholestral

Yes No

14. History of heart problems in immediate family

Yes No

15. Hernia, or any condition that may be aggravated by lifting weights

Yes No

Please explain any "yes" answers below:

I understand that there are risks, dangers, hazards and liabilities associated with participation in exercise programs and events. These include, but are not limited to, personal injury, death, property damage, expense, and other loss, delay or inconvenience. I understand that I am required to accept these and other risks as a condition of my participation in programs and events. Evolution Coaching Network Incorporated, partners, volunteers and sponsors will not accept any liability for injury, loss, damage or expense as a result of participation in any programs. I freely accept and fully assume all such risks, dangers and hazards including the possibility of personal bodily injury, death, property damage or loss resulting from participation in any or all programs and events. I further indemnify those organizations and individuals from any costs and expenses which might be incurred by my participation in the above mentioned. I am nineteen (19) years of age or older and I have read and understood this agreement prior to signing it and agree that this agreement is binding upon me, my heirs, next of kin, executors, administrators and successors.

Signature _____

Date _____