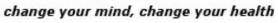


## evolution coaching network





## HEALTH HISTORY FORM AND WAIVER

Name ————	Phone		
Address	Email		
Age Doctor Contact in case of emergency Are you taking any medications or drugs? If so please list medication, reason and dose.	Sex ma Phone Phone Yes □		female
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  2. High blood pressure  3. Any chronic illness or condition  4. Difficulty with physical exercise  5. Advice from physician not to exercise  6. Recent surgery (last 12 months)  7. Pregnancy (now or within last 3 months)  8. History of breathing or lung problems  9. Muscle, joint or back disorder, or any previous injury still affecting you  10. Diabetes or thyroid condition  11. Cigarette smoking habit  12. Obesity (over 20% over ideal body weight)  13. Elevated blood Cholestral  14. History of heart problems in immediate family  15. Hernia, or any condition that may be aggravated by lifting weights  Please explain any "yes" answers below:	Yes   Yes	No No No No No No No No No	
I understand that their are risks, dangers, hazards and liabilities associated was These include, but are not limited to, personal injury, death, property damage, understand that I am required to accept these and other risks as a condition of Coaching Network Incorporated, partners, volunteers and sponsors will not accept as a result of participation in any programs. I freely accept and fully assume all shility of personal bodily injury, death, property damage or loss resulting from partindemnify those organizations and individuals from any costs and expenses wabove mentioned. I am nineteen (19) years of age or older and I have read and agree that this agreement is binding upon me, my heirs, next of kin, executors,	expense, and of my participation cept any liability such risks, danger ticipation in any which might be d understood the	ther long in profession of the	oss, delay or inconvenience. ograms and events. Evolution ury, loss, damage or expensed hazards including the possiorograms and events. I furthered by my participation in the eement prior to signing it and
Signature ————	Date		