



Client Information

Name of client _____ Age _____

Disability _____

Secondary Medical Conditions _____

Medications and any known side effects _____

_____	_____
_____	_____
_____	_____
_____	_____

Surgeries/Dates:

_____	_____
_____	_____
_____	_____
_____	_____

Date of most recent hospitalization/reason _____

_____	_____
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Client/Guardian Signature _____

Date _____

More Client Information

Please mark "X" if you suffer from any of the following conditions;

- Angina
- Myocardial Infraction
- Surgical or medical condition diagnosed within the past 6 months

Please explain _____

If you answered "X" to any of the conditions listed above, please seek a physician to go through a medically supervised program, first.

- Type II Diabetes
- Renal Disease
- COPD
- Severe Osteoporosis
- Severe Back Pain
- Stable Heart Disease
- Arrhythmia
- Cancer

If you answered "X" to any of the conditions listed above, please seek your physician's approval prior to participating in an exercise program.

- Hypertension
- Asthma
- Peripheral Vascular Disease
- Arthritis
- Mild Osteoporosis
- Gout

If you answered "X" to any of the conditions listed above, please notify your position of your participation in your exercise program.

If you did not answer "X" to any of the conditions listed above, you are free to participate fully in the recommended exercise program(s).

Client/Guardian Signature

Date



NEW CLIENT LIABILITY WAIVER

First and Last Name _____ Age _____

Injury or illness _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Emergency contact:

Name _____

Phone _____ Relationship _____

Disability _____

Secondary Medical Conditions _____

I understand that personal training includes physical movement as well as an opportunity for strength and endurance enhancement. As is the case with any exercise or physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, and ask for support from the trainer.

Personal training and exercise therapy are not substitutes for medical attention, examination, diagnosis or treatment. Exercise is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible for disclosing information about any illness, injury or surgery within the last 6 months, as well as a release from my doctor or physician permitting me to undergo personal training, noting any limitations. I hereby agree to irrevocable release and waive claims that I now have or, hereafter, may have against any personal trainer or assistant at The Seven Project.

Signature of client, parent or guardian _____ Date _____