



**Nancy J. Krank, Personal Fitness Trainer's**  
**WORKOUTSTYLES DROP-IN AND WORKSHOPS**  
**Griffith Park, Crystal Springs Picnic Area**  
Email to: [nancy@workout-styles.com](mailto:nancy@workout-styles.com)  
**Nancy J. Krank, Personal Fitness Trainer**  
**4552 Ambrose Avenue**  
**Los Angeles, CA 90027**  
818.389.3620

Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Wt \_\_\_\_\_  
Profession: \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_ @ \_\_\_\_\_  
I rate my current fitness level as a \_\_\_\_\_ (1-10), **Ten being high.**  
I was referred by \_\_\_\_\_  
My main goal is to \_\_\_\_\_  
Class Themes suggestions \_\_\_\_\_  
Check box to be added to our mailing list

Initials \_\_\_\_\_ Date \_\_\_\_\_

# MEDICAL HISTORY

**Waiver must be signed prior to participation.**

**(If you are a returning participant, only complete the sections that have changed.)**

1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)? \_\_\_\_\_

2. Do you take any prescribed medication on a permanent or semi-permanent basis?

If yes, list on the WorkoutStyles Emergency Form.

3. Do you have a seizure disorder (epilepsy)? **Yes / No**

4. Do you have diabetes Adult or Juvenile? **Yes / No**

**List Medications:**

5. Have you ever been found to be anemic (low blood count)? **Yes / No**

6. Do you have High Blood Pressure (hypertension)? **Yes / No**

**List Medications:**

7. Do you have or have you ever had the following diseases?

Heart Disease: **Yes / No**

Lung Disease: **Yes / No**

Kidney Disease: **Yes / No**

Liver Disease: **Yes / No**

8. Do you have asthma? **Yes / No**

**List Medications:**

9. Have you ever had a severe neck injury? \_\_\_\_\_ Describe: \_\_\_\_\_

10. Have you ever been knocked out? \_\_\_\_\_ Describe: \_\_\_\_\_

11. Do you wear glasses or contact lenses? **Yes / No**

12. Have you had a broken bone or fracture in the past 2 years? \_\_\_\_\_

Describe: \_\_\_\_\_

13. Have you ever injured your back? \_\_\_\_\_ Describe: \_\_\_\_\_

14. Do you have back pain? **Never / Seldom / Occasionally / Frequently** with vigorous exercise or heavy lifting

15. Have you had knee pain in the past 2 years that has disabled you for longer than a week? \_\_\_\_\_

Describe: \_\_\_\_\_

16. Do you have other physical conditions which cause you pain? \_\_\_\_\_

Describe: \_\_\_\_\_

17. Detail any surgical procedures:

**NOTICE: It is wise to seek your doctor's advice before beginning any health/fitness/nutrition program!**

Initials \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE

This release is entered into between the undersigned and Nancy J. Krank, Personal Fitness Trainer, its officers, subsidiaries, affiliates, and executors. The purpose of Nancy J. Krank, Personal Fitness Trainer's Workoutstyles Drop-In Classes and Workshops is to provide fitness instruction and coaching for various levels of athletes & individuals.

The undersigned hereby acknowledge that the following was explained to me and/or I agree to the following:

1. Acknowledges that Nancy J. Krank is not a physician and is not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.

2. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but that Nancy J. Krank, Personal Fitness Trainer does not guarantee neither good nor bad will occur nor guarantees the training advice given by Nancy J. Krank, Personal Fitness Trainer will produce good nor bad results.

3. Acknowledges that the undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.

4. Acknowledges that boot camps, aerobic classes, martial arts, kick boxing, running, kung-fu, weight training, obstacle courses, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events/activities including the elements of a natural environment, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind Nancy J. Krank, Personal Fitness Trainer for the undersigned participating in said sporting events and/or training for said sporting events.

I will agree to the following:

- I will remember to set my alarm and be at class on time or earlier.
- I agree not to use foul language or smart remarks during class. Any violation will result in twenty push-ups per occurrence.

Initials \_\_\_\_\_ Date \_\_\_\_\_

- I agree that as a condition of being allowed to participate in Nancy J. Krank's Workoutstyles Drop-In Classes and Workshops Class, conducted by Nancy J. Krank, Personal Fitness Trainer, I will obey all rules and instructions or orders given by Nancy J. Krank. I agree that if I fail to comply with rules or instructions or orders given by Nancy J. Krank, either by my intentional or unintentional acts, I will not be allowed to continue with the training or any future training conducted by Nancy J. Krank, Personal Fitness Trainer's Workoutstyles Drop-In Classes and Workshops Class. I also understand class fees are non-refundable.

I understand that photos or video may be taken during the course of my involvement in Nancy J. Krank's Workoutstyles Drop-In Classes and Workshops Class, which may be used for promotional purposes. I understand that my "before and after" photos will not be used for any promotional purposes unless I give written authorization. I grant permission for the use of my name and/or likeness relating to my Workoutstyles Drop-In Classes and Workshops experience through Nancy J. Krank, Personal Fitness Trainer and I WAIVE all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness for purposes of advertisement, including use on websites associated with Nancy J. Krank, Personal Fitness Trainer's Workoutstyles Drop-In Classes and Workshops

I understand that during a Workoutstyles Drop-In Classes and Workshops Class, my trainer may have to use Touch Training to correct alignment and / or focus my concentration to a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request my trainer discontinue this technique.

I understand that it is not the intent of the trainer to push beyond a safe level of exercise. As the client, I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. It is my responsibility to communicate with Nancy J. Krank, Personal Fitness Trainer, on a regular basis about any type of pain, nausea, discomfort or general concerns.

I understand that not all exercisers are suitable for all fitness levels. However, alternatives will be demonstrated and the level moderated.

I understand that there is no refund policy but I can receive a credit towards a future class if I am not able to complete the one I originally joined (due to injury or major illness, that keeps me from attending class for more than (2) weeks. All other excuses are unacceptable.

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I understand that if I must miss a class, I am to let Nancy J. Krank, Personal Fitness Trainer, know before the day arrives. It is my responsibility to attend all classes during the current session. If I cannot attend my designated class time I forfeit that day of drop-in workout or workshop.

The Undersigned agrees that this is the full agreement between the parties, that Nancy J. Krank, Personal Fitness Trainer, nor anyone else has not verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion.

I HEARBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

## DROP-IN WORKOUTS AND FITNESS WORKSHOPS

### What do I need for Workoutstyles Drop-In Classes and Workshops Class?

- 1) Eat a small meal before class. Eat at least ½ to 1 hour prior to class.
- 2) Bring an exercise mat, bottle of water, and towel.
- 3) For maximum benefit, be warmed-up and ready to exercise when class begins. For example, a five minute walk)
- 4) Avoid perfumes, but wear deodorant.
- 5) Keep your pets at a safe distance away from the workout area.
- 6) Work at your own pace towards your own potential.
- 7) Check the weather each night before class and wear appropriate clothing. Preferably layered. Use a hat and gloves in colder weather.
- 8) Check the website [www.workout-styles.com](http://www.workout-styles.com) for updates and/or cancellations.
- 9) Suggested: Bring bug repellent / sunscreen/ hat
- 10) HAVE FUN

## RULES

Please respect your fellow workout partners.

Children 7-12 are allowed to join with parental consent and parent must be participating.

Children 13-17 can participate with parental consent and do not need a parent to also participate.

Waiver and Emergency Forms must be filled out and signed prior to participation. Your medical information will be kept on file. Fill out a new medical information form when your information has changed.

Initials \_\_\_\_\_ Date \_\_\_\_\_