



## 2020 Medical Release Form and Waiver

Have You Ever Been Treated by a Physician For:

- Arthritis
- Chronic Fatigue Syndrome
- Diabetes
- Fibromyalgia
- Heart Disease
- High Blood Pressure
- Gastric Reflux
- Glaucoma
- Multiple Sclerosis
- Orthopedic/Joint Problems
- Shoulder/elbow/spine/hip/knee
- Anterior Cruciate Ligament Knee Injuries
- Facet Joint Syndrome
- Herniated or Bulging Disc
- Spondylolisthesis
- Stenosis
- Total Hip Replacement
- Osteoporosis
- Peripheral Neuropathy (numbness, tingling, etc)
- Rheumatoid Arthritis
- Other
- Are you pregnant?

Prior Deliveries:

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Prior Surgeries:

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Prior Injuries, Musculoskeletal and Neuromuscular Issues

- Adhesive Capsulitis (frozen shoulder)
- Carpal Tunnel Syndrome
- Plantar Fasciitis
- Rotator Cuff Impingement
- Thoracic Outlet Syndrome
- Other. Please explain. \_\_\_\_\_

Do You Carry a List of your Current Medications  YES  NO

Activity Level/ Exercise Frequency \_\_\_\_\_

Prior Movement Experience (dance, yoga, sports) \_\_\_\_\_

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I \_\_\_\_\_ hereby acknowledge that Fitness Alternative a Whole Health Movement, LLC (hereinafter FA) offers Pilates, Boot camp, Metabolic Mix classes as well as personal training instruction. This also covers virtual training which means you need to be even more careful as you are working out. I understand that the classes require physical exertion and may cause physical injury, illness or death. I am also aware that it is my personal responsibility to consult with a qualified physician of my choice for the purpose of determining whether I can safely participate in classes before doing so.

In consideration of being allowed to participate in any way in the FA program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

- The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist, and
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the FA their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event (releases) with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_