



**PERSONAL DETAILS**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburbs: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Male  Female   
Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

**MEDICAL PROFILE**

- |  | Y   | N                        |
|--|---|--------------------------|
| 1. Are you a male over 35 or female over 45 and NOT used to regular vigorous exercise? _____   | <input type="checkbox"/>                        | <input type="checkbox"/> |
| 2. Has a doctor ever said that you have heart trouble? _____   | <input type="checkbox"/>                        | <input type="checkbox"/> |
| 3. Do you frequently suffer from pains/palpitations in the chest? _____  | <input type="checkbox"/>                        | <input type="checkbox"/> |
| 4. Do you often feel faint or have spells of dizziness? _____  | <input type="checkbox"/>                        | <input type="checkbox"/> |
| 5. Has a Doctor ever told you your blood pressure was too high? _____  | <input type="checkbox"/>                        | <input type="checkbox"/> |
| 6. Has a Doctor ever told you that you have bone or joint problems such as arthritis that has been aggravated by exercise, or might be made worse with exercise? _____ | <input type="checkbox"/>                        | <input type="checkbox"/> |
| 7. Have you ever had or have any of the following:   |   |                          |
| Raised cholesterol/triglycerides: _____ <input type="checkbox"/>   | Epilepsy: _____ <input type="checkbox"/>        |                          |
| Asthma: _____ <input type="checkbox"/>   | Back problems: _____ <input type="checkbox"/>   |                          |
| Stroke: _____ <input type="checkbox"/>   | Muscle problems: _____ <input type="checkbox"/> |                          |
| Gout: _____ <input type="checkbox"/>   | Diabetes: _____ <input type="checkbox"/>        |                          |
| 8. Do you take any prescription medicine? _____  |   |                          |
| 9. Is there any other reason that could prevent you from training? _____   |   |                          |

If you have answered yes to any of the medical questions above - please provide additional details

\_\_\_\_\_  
\_\_\_\_\_

**LIFESTYLE PROFILE**

Smoker:  
Yes:   
No:

**TRAINING WORKLOAD**

How hard do you like to train? \_\_\_\_\_  
1 = not hard at all      10 = very hard  
Please pick a number from 1 - 10 \_\_\_\_\_  
Do you like to be 'pushed' to work hard?  
Please pick a number from 1 - 10 \_\_\_\_\_

**EMERGENCY CONTACT**

\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT:**

I recognise that my trainers are not able to provide me with medical advice regarding my medical fitness and that this information issued as a guidance to the limitations of my exercise ability.

**INDEMNITY:**

Subject to any breach by Rych Fitness of the Terms and Conditions or its legal obligations (including any warranties implied by the Competition and Consumer Act 2010 (Cth), I hereby agree that Rych Fitness, it's directions or nominated agent shall not be liable, for any loss, damage or personal injury suffered by me, whether directly or indirectly arising out of any act or omission by Rych Fitness, its directors or nominated agent. I am aware of the possible health and safety risks associated with participating in physical exercise and consent to any reasonable exercise which may from time to time be strenuous. I have made Katrina Webster aware of any relevant medical or health problems that I am currently or likely to suffer from and have obtained clearance from a registered medical practitioner to participate in physical exercise. (Applies to males over the age of 35 years and females over the age of 45). I acknowledge sole responsibility for any personal equipment. I consent to receive medical treatment, which may be deemed necessary in the event of injury, accident or illness. (If you are under 18 years of age, a signed consent of your legal guardian must be obtained). If your children/guests are present at any session, their entirely and solely your responsible, and Rych Fitness, it's directions or nominated agent shall not be liable, for any loss, damage or personal injury suffered by them, whether directly or indirectly arising out of any act or omission by Rych Fitness, its directors or nominated agent.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_