

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Date \_\_\_\_\_ Email \_\_\_\_\_

## PHYSICAL ACTIVITY & READINESS QUESTIONNAIRE

1. Do you have a heart condition and can only do physical activity recommended by a doctor? Yes \_\_\_ No \_\_\_
2. Do you feel pain in your chest when you do physical activity? Yes \_\_\_ No \_\_\_
3. In the past month, have you had chest pain when you were not doing physical activity? Yes \_\_\_ No \_\_\_
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes \_\_\_ No \_\_\_
5. Any bone or joint problem that could be made worse by a change in your physical activity? Yes \_\_\_ No \_\_\_
6. Is your doctor currently prescribing drugs for your blood pressure or a heart condition? Yes \_\_\_ No \_\_\_
7. Do you know of any other reason why you should not do physical activity? Yes \_\_\_ No \_\_\_

## PERSONAL TRAINING INFORMED CONSENT AND WAIVER AND RELEASE

I do hereby consent to participate in a personal training program that will include weight training and/or cardiovascular exercise. Because physical exercise can be strenuous and subject to risk of serious injury (including but not limited to musculoskeletal injury, spinal injuries, abnormal blood pressure responses, and rare instances of heart attack or death), it is urged that you obtain physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that by participating in physical exercise or training activities, you do so entirely at your own risk. Any recommendation for changes in diet including the use of food supplements are your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury, illness, or death. Wai Ling Romulo is not responsible for any loss of your personal property.

This waiver and release of liability includes, without limitations, all injuries which may occur as a result of: a) your use of all amenities and equipment at Wai Ling Romulo's facility and your participation in any activity, class, program, personal training, supervision, or instruction, b) the sudden and unforeseen malfunctioning of any equipment c) our instruction, training, supervision, or dietary recommendations and d) your slipping and/or falling while in Wai Ling Romulo's premises, including adjacent sidewalks and parking areas.

You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability. You expressly agree to release and discharge the trainer/instructor from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against Wai Ling Romulo for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signed: \_\_\_\_\_ Printed Name : \_\_\_\_\_ Dated: \_\_\_\_\_