



Limitless Fitness

ENROLLMENT & WAIVER

Name (Last) _____ (First) _____ (MI) _____

Home Address (Street) _____ (City) _____ (State) _____

(Zip) _____ Phone (Home) _____ (Work) _____ Ext _____ (Fax) _____

(Mobile/Pager) _____ DOB ____/____/____ Weight _____ Sex: M F

Private Physician _____ Phone _____

Emergency Contact _____ Phone _____

Your Company _____ Email _____ @ _____

I was referred by _____

I am enrolling in: _____

SECTION I: RISK ASSESSMENT

Have you ever had any form of heart disease? YES NO

Have you ever experienced shortness of breath or chest pain? YES NO

Date of last full physical ____/____/____

Do you have or do any of the following pertain? Do you have any problems in the following areas?

Please explain to the best of your ability. Please explain to the best of your ability.

High Blood Pressure	YES NO	Levels: _____	Knees	YES NO	Explain: _____
High Cholesterol Level	YES NO	Levels: _____	Low Back	YES NO	Explain: _____
Cigarette Smoking	YES NO	How many per day? _____	Neck/Shoulders	YES NO	Explain: _____
Smoked in Past	YES NO	How long? _____	Hips/Pelvis	YES NO	Explain: _____
Diabetes	YES NO	Insulin dependent? _____	Flexibility	YES NO	Explain: _____
Family history of heart disease	YES NO	Who/Age? _____	Any other	YES NO	Explain: _____
Abnormal resting EKG	YES NO	Explain: _____			
Are you active	YES NO				

Activity or Exercise / Times per week / Minutes per session: _____

Are you currently taking any medication? YES NO Explain: _____

SECTION II: AGREEMENT

I, _____, (FULL NAME) agree to participate in Limitless Fitness with a certified Limitless Fitness Instructor. I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardiorespiratory systems. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by Limitless Fitness LLC. I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instances of heart attack or even death. I agree to waive, release, remise and discharge Limitless Fitness LLC and its agents, officers, principals and employees of any and all claims, demands, actions or damages of any kind resulting from participation in Limitless Fitness classes or individual training sessions. The undersigned hereby releases Limitless Fitness, LLC as well as waives any and all claims and understands and assumes any and all risk with participation in Limitless Fitness LLC. _____ (INITIAL HERE)

_____/_____/_____
 Participant Signature (sign & print name) Month, day, and year

 Parent or Guardian Signature (if Participant is under the age of 18)

PURCHASER'S SIGNATURE

Signature _____ Date _____