



Health Form/ Informed Consent Form

Exercise is an important component to allowing the mind and body to function at optimal levels. At Pumps, we want to be your support system for reaching your fitness and lifestyle goals. In order for us to best support you, we ask that you fill out our Health Form so we can provide you with the best program!

-
- | Yes | No |
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If you answered **YES** to any of the questions above, please explain on the lines provided below:

CONTINUED ON BACK

I attest that the information provided on the opposite side of this form is true and correct to the best of my knowledge. I further affirm that the information collected on the release form will ONLY be used for the purpose of this initial interview and general fitness programming recommendations. None of these recommendations should be interpreted as replacing, supplementing, or acting as medical advice. The club, its staff, instructors, trainers and affiliates will NOT be responsible for knowing or using any of the information collected on this health history form.

Signature: _____ **Date:** _____

I, (print name) _____, have enrolled in a program of strenuous physical activity including, but not limited to, a variety of group exercise classes, weight training, and various aerobic conditioning offered by Pumps, LLC. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this exercise program. In consideration of my participation in Pump, LLC exercise program, I, (please initial) _____, for myself, my heirs and assigns, hereby release Pumps, LLC (its employees and owners), from any claims, demands, and causes of action, now or in the future, arising from my participation in the exercise program. I fully understand that I may injure myself as a result of my participation in Pumps, LLC's exercise programs including, but not limited to miscarriage, heart attack, muscle strains, pulls, or tears, broken bones, shin splints, heat prostration, knee/lower-back/foot injuries and any other illness, soreness, or injury however caused occurring during or after my participation in the exercise program.

Signature: _____ **Date:** _____

I hereby affirm that I am exercising with my physicians approval regarding a fitness program and have read and fully understand the above agreement. I attest that I have read and understand the above.

Signature: _____ **Date:** _____

- This Health form and recommendations are not meant to replace or act as medical advice. This form should not be construed as legal advice. It is recommended that you consult with an attorney regarding this and any other legal documents.