

ADVANCED ATHLETE
MEDICAL & PHYSICAL ACTIVITY HISTORY

Name _____ Age _____ Date _____

Address _____
Street City State Zip

Phone (H) _____ (M) _____

(W) _____ Email _____

School _____ Coach _____

In case of emergency, whom may we contact?

Name _____ Relationship _____

Phone (H) _____ (M) _____

(W) _____ Email _____

Medical History: Have you ever had? (check if yes)

Rheumatic Fever ()	Recent Operations ()	Edema (swelling of ankles () in the a.m.)
High Blood Pressure ()	Injury to back or () Knees	Seizures ()
Low Blood Pressure ()	Heart Attack ()	Fainting ()
Lung Disease ()	High Cholesterol ()	Chest Pains ()
Diabetes ()	Other ()	
Asthma ()		

Family History: Have any relatives had? (check if yes)

Heart Attack ()	Diabetes ()	Heart Operations ()
High Blood Pressure ()	Congenital Heart () Disease	High Cholesterol ()
Other Major Illness ()		

Explain Checked Items

Activity History

1. How did you hear about Advanced Athlete?

2. Why are you enrolling in this program? (Please be specific)

3. Do you have any injuries (bone or muscle disabilities) or conditions that may interfere with exercising?

YES _____ **NO** _____ **If yes, describe in detail** _____

7. Are you currently taking any medication?

YES _____ **NO** _____ **If yes, describe** _____

5. Do you smoke? YES _____ **NO** _____

If yes, how much per day and what age did you start? _____ per Day _____ Age

3. Do you participate in a regular exercise program at this time?

YES _____ **NO** _____ **If yes, briefly describe** _____

6. Are you currently involved in any other training programs, camps, clinics, etc?

YES _____ **NO** _____ **If yes, describe** _____

9. List in order your training objectives

A. _____

B. _____

C. _____

8. What sport(s) do you participate in? _____

Team(s) and Coaches Contact Information _____

10. Are you interested in nutritional counseling? YES _____ **NO** _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT FOR ANY AND ALL ACTIVITIES OFFERED BY ADVANCED ATHLETE, LLC

All participants under the age of 18 must have the signature of Parent/Legal Guardian on the accompanying form.

I desire to engage voluntarily in exercise and/or personal training programs (hereinafter also referred to as “Activity(ies)”) offered by ADVANCED ATHLETE, LLC (hereinafter referred to as “Advanced Athlete”) in order to improve my physical fitness. I understand that the Activities are designed to place a gradual increasing workload on the cardiorespiratory, muscle and skeletal systems and thereby attempt to improve their functions. The reaction of my cardiorespiratory, muscle and skeletal systems to such Activities cannot be predicted with complete accuracy. There is a risk that certain changes might occur during or following the exercises. In signing this document, I acknowledge being informed of the strenuous nature of these Activities, and the potential for unusual, but possible, physiological results, including, but not limited to, abnormal blood pressure, fainting, heart attack, stroke, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back or foot injuries, permanent disability, paralysis or death.

I understand that the purpose of an exercise program (collectively, as referred to herein, the Activities) is to develop and maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. The programs may involve exercising outdoors (including stairs and grassy, sandy, or asphalt surfaces) and on or with various types of equipment, including benches, machines, stability balls, medicine balls and free weights. All Activities are designed to place a gradually increasing workload on the body in order to improve overall fitness.

I understand that I am responsible for monitoring my own condition throughout the exercise testing and program and should any unusual symptoms occur, I will cease my participation and inform Advanced Athlete of the symptoms.

I acknowledge, agree, and represent that I understand the nature of all of the Activities offered by Advanced Athlete, its agents, volunteers, participants, employees and all other persons or entities acting in any capacity on Advanced Athlete’s behalf. I hereby agree to release, indemnify, and discharge Advanced Athlete, on behalf of myself, my children, my parents my heirs, assigns, personal representatives and estate as follows:

1. **I ACKNOWLEDGE**, agree, and represent that I am in good health and in proper physical condition to participate in **ANY** offered Activity that I see fit, of my own choosing and voluntarily. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in this Activity. **I HAVE BEEN ADVISED BY ADVANCED ATHLETE TO CONSULT A PHYSICIAN** regarding my physical condition, and ability to participate in these Activities and accept full responsibility for the adequacy of my physical condition to participate in these Activities.
2. **I FULLY UNDERSTAND THAT: (a) THE OFFERED ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (“RISKS”); (b) these Risk and dangers may be caused by**

3. **I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS ADVANCED ATHLETE**, its respective owners, administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, **AND OWNERS AND LESSORS OF PREMISES** on which the Activity takes place (each considered one of the “Releasees” herein) or **OWNERS AND LESSORS OF ANY EQUIPMENT BEING USED** for the Activities from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “Releasees” or otherwise, **INCLUDING NEGLIGENT RESCUE OPERATIONS** and further agree that if, despite this release, I or anyone on behalf makes a claim against any of the “Releasees” named above, **I WILL INDEMNIFY EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**
4. **I HEREBY AUTHORIZE** any medical treatment deemed necessary in the event of any injury or illness while participating in the Activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

MINOR RELEASE

AND I, THE MINOR’S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ALL OF THE ACTIVITIES OFFERED AND THE MINOR’S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR’S ACCOUNT CAUSED OR

ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

FAMILY RELEASE

MINOR CHILDREN LIVING AT THE SAME ADDRESS OR IN THE CHARGE OF THE BELOW PARENT/LEGAL GUARDIAN THAT WILL PARTICIPATE IN ACTIVITIES WITH ADVANCED ATHLETE

NAME: _____ Birthdate: _____

NAME: _____ Birthdate: _____

I AM THE LEGAL PARENT/ADULT GUARDIAN FOR THE ABOVE MINOR CHILDREN.

Printed Name of Parent/Guardian _____

(Street) _____ (City) _____ (State) _____ (Zip) _____

Phone: _____ Email: _____

REQUIRED:

PARENT/LEGAL GUARDIAN SIGNATURE (only if participant(s) is under the age of 18):

_____ Date: _____