



# SQUARED

Name: (Last)	(First)	(MI)
Home Address: (Street)		
(City)	(State)	(Zip)
Phone: (Home)	(Work)	(Mobile)
Email:		
DOB: / /	Weight:	Height: Sex: M / F
Physician: (Name)	(Number)	
Emergency Contact: (Name)	(Number)	
I was referred by:		
I am enrolling in: (circle one) BOOTCAMP / PERSONAL TRAINING		

## 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? Please explain to the best of your abilities.		
High Blood Pressure	YES / NO	Levels:
High Cholesterol Level	YES / NO	Levels:
Cigarette Smoking	YES / NO	How many per day?
Smoked in Past	YES / NO	How long?
Diabetes	YES / NO	Insulin Dependent?
Family history of heart disease	YES / NO	Please Explain: (Who/Age)

Abnormal resting EKG	YES / NO	Please Explain:
Are you active?	YES / NO	
Please Describe: (Activity of Exercise / Times per week / Minutes per session)		
Are you currently taking any medication?	YES / NO	Explain:
Do you have any problems in the following areas?		
Knees	YES / NO	Explain:
Lower Back	YES / NO	Explain:
Neck / Shoulders	YES / NO	Explain:
Hips / Pelvis	YES / NO	Explain:
Flexibility	YES / NO	Explain:
Any other	YES / NO	Explain:

## SECTION II: AGREEMENT

I, \_\_\_\_\_ (Print Full Name) agree to participate in INFERNO ENTERTAINMENT LLC / SF SQUARED Boot Camp/Personal Training with a certified SF SQUARED 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 my SF SQUARED instructor. 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, remit and discharge INFERNO ENTERTAINMENT LLC / SF SQUARED and its agents, officers, principals and employees of any and all claims, demands, actions or damages of any kind resulting from participation in SF SQUARED Boot Camp classes or individual training sessions. The undersigned hereby releases INFERNO ENTERTAINMENT LLC / SF SQUARED, as well as waives any and all claims and understands and assumes any and all risk with participation in INFERNO ENTERTAINMENT LLC / SF SQUARED. \_\_\_\_\_ INITIAL HERE.

Participant Signature (sign & print name) \_\_\_\_\_

Date: \_\_\_\_\_

Instructor Signature (sign & print name) \_\_\_\_\_

Parent or Guardian Signature (if participant is under the age of 21)

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