

United Fitness Center

Participant Questionnaire

NAME:	HM PHONE #:	DOB:	
ADDRESS:			
EMERGENCY CONTACT:	EMERGENCY PHONE #:		
PRIMARY CARE DOCTOR:	EMAIL:		
DO YOU HAVE OR HAVE YOU HAD...	YES	NO	COMMENTS
Do you feel pain in your chest at rest? OR during your daily activities or living? OR when you do physical activity?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Do you lose balance because of dizziness? OR have you fallen in the past 12 months?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Do you have Heart Disease or Cardiovascular Disease?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been diagnosed with another chronic medical condition (other than Heart Disease or High Blood Pressure)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently taking prescribed medications for Heart Disease or High Blood Pressure?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a bone or joint problem? This includes Arthritis, Osteoporosis, or Back Problems. If yes, please explain _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had a joint replaced? OR have you been advised by your doctor to receive a joint replacement?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
Do you have cancer of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any other medical condition not listed above? If yes, please explain _____	<input type="checkbox"/>	<input type="checkbox"/>	
Have you exercised regularly in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
What do you hope to achieve by starting an exercise program? _____ _____ _____			

United General District 304

Informed Consent and Release Form

United Fitness Center

I acknowledge that I have chosen to participate in the open gym, personal training and/or group fitness classes held at the United Fitness Center. I further understand that complications may arise during exercise. While these complications are rare, they may include:

- Abnormal blood pressure
- Heart rhythm changes
- Chest discomfort (angina)
- Death
- Heart Attack
- Stroke
- Respiratory arrest

The United Fitness Center has trained staff to deal with an emergency. I understand, that the outcome in an emergency situation cannot be guaranteed if one should occur.

It is my job to report:

- Chest pains while at rest and/or during exertion
- Diabetes (symptoms of low or high blood sugar)
- Dizziness or unusual fatigue
- Any unusual symptoms before, during, or after exercise

I agree to follow the United Fitness Centers rules, including the completion of a pre-activity health questionnaire prior to participation. I acknowledge that the center will obtain a physician clearance in the event the answers on the questionnaire indicate that I should not participate in a program of physical activity without a physician clearance. Furthermore, I understand that group fitness activities outside of the Fitness Center may be unsupervised and I assume all liability for participation.

I have read and understand this waiver and the assumption of risk. I understand the risk involved with exercise and I desire to participate at the fitness center, and assume personal responsibility for my health and safety while participating in this program. I further release United General District 304 from any health problems or injuries that may occur as a result of my participation in this program.

In signing my name below, I have given my consent and release as described above. I voluntarily consent to taking part at the United Fitness Center and I understand that I may withdraw from the program at any time.

Print Name _____

Signature _____

Date _____

Witness _____