



Name _____

Medical History – Have you had or have you experienced:

- Heart attack Y or N _____
- Heart surgery Y or N _____
- Heart Conditions Y or N _____
- Stroke Y or N _____
- Chest discomfort with exertion Y or N _____
- Unreasonable breathlessness Y or N _____
- Dizziness, fainting or blackouts Y or N _____
- Musculoskeletal problems Y or N _____

Other Health Items – Are you/do you have:

- Taking prescription medications Y or N _____
- Taking any other medications, pills or supplements? Y or N _____
- Pregnant Y or N _____
- Trying to conceive Y or N _____
- Male, over 45 years Y or N _____
- Postmenopausal Y or N _____
- Smoker Y or N _____
- Have High BP Y or N _____
- Taking BP medication Y or N _____
- Have High cholesterol Y or N _____
- Have a family history of heart attack Y or N _____
- Diabetic Y or N _____
- Asthma Y or N _____
- Physically inactive Y or N _____

Do you have any other medical conditions that may prevent you from exercising?
If yes, please explain _____

Do you have any injuries that may prevent you from exercising?
If yes, please explain _____

WARNING: THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS

Agreement for participating in training with SF Gym.

The **'Trainer'** refers to the Australian Registered Business "SF Gym".

The **'Activity'** refers to the participation in strength, fitness and conditioning training and general advices.

- I acknowledge that it is a condition of participating in this activity that I do so at my own risk
- I accept all risks and hereby indemnify and release the trainer, their agents, affiliates, employees, sponsors, promoters and any person or body directly and indirectly associated with the Trainer, against all liability (including liability for their negligence and the negligence of others) claims, demands and proceedings arising out of or connected with my participation in this activity
- This release and indemnity continues forever and binds my heirs, successors, executors, personal representatives and assigns
- I acknowledge that participating in this activity may involve a risk of serious injury or even death from various causes including: over exhaustion, dehydration, equipment failure and accidents with equipment and surroundings
- I recognise the difficulties associated with the activity and attest I am physically fit to participate safely in this activity and that a qualified medical practitioner has not advised me otherwise
- I understand the demanding physical nature of this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in this activity my Trainer will immediately informed. By continuing to participate in this activity, I accept the risks despite these conditions and am still, and will always be under the terms of this agreement
- I give consent to the Trainer to use imagery and media for the promotion of their business and website
- I certify that I am 18 years or older and have read this document and fully understand it

OR

- As a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of the activity on the terms referred to

Signature: _____ (guardian/parent to sign if under 18 years of age)

Full name (please print): _____ Date: _____

Name of Trainer: _____ Signature of Trainer: _____