

Client Registration & Health History

Today's Date: _____

Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

E-mail: _____

Date of Birth: _____ Gender: _____

Occupation: _____ How did you hear about us? _____

Please check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Fractures | <input type="checkbox"/> Chronic Illness |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Seizures | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Recent Surgery | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Smoker |

Please check the type of movement you have experienced and years of practice:

- | | | |
|----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Dance | <input type="checkbox"/> Aerobic Dance | <input type="checkbox"/> Running |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Team Sports | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Pilates | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Other: |

Please list any current prescribed medications:

Please list any medical care or physical therapy you are currently under:

Please describe any past medical issues:

What are your goals for this program?



Acknowledgement of Risk & Release from Liability

In consideration of the acceptance of Individual's participation in a Training Program (the "Program"), I, _____, hereby waive any liability FitJET, LLC doing business as purespace may have arising out of my participation in the Program. Furthermore, as an Individual, I hereby agree to hold harmless FitJET, LLC, d/b/a purespace or purespace studio as well as all other persons, entities, including but not limited to any facility owner/operator utilized during the Program; and all sponsors, individuals, third parties, clients, teachers, trainers, and the like involved in or otherwise connected with the Program for any damages - physical, personal or property - which may arise from my participation in the Program. Because physical exercise can be strenuous and subject to risk of serious injury (and in extreme cases death), purespace urges you to obtain a physical examination from a doctor before participating in the Program or participating in any exercise activity. Individual agrees that by participating in physical exercise or training activities, **Individual does so entirely at his/her own risk.** Individual agrees that Individual is voluntarily participating in the Program, in these activities, and in use of facilities and premises, **and assumes all risks of injury, illness or death.** FitJET, LLC d/b/a purespace or purespace studio also is not responsible for any loss of Individual's personal property.

Individual acknowledges that Individual has carefully read this "Waiver and Release" and fully understands that it is a **complete release from liability.** Individual expressly agrees to release and discharge all trainers, instructors, other Individuals, officers, directors, or employees from any and all claims or causes of action, and Individual agrees to voluntarily give up or waive any right that Individual may otherwise have to bring a legal action against any of the foregoing for personal injury or property damage. To the extent that statute or case law does not prohibit releases for negligence, **this release also covers and includes negligence and any legal theory based upon negligence.** If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid and/or unenforceable, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from. By signing this release, Individual acknowledges that Individual understands its content and that this release cannot be modified orally.

Signature _____ Date _____

Cancellation and Refund Policies

I, _____ (print name), understand that purespace studio may charge me for any private or semi-private session, or reserved class space that is not cancelled with at least a 24-hour advance notice.

Refunds are available only for first-time clients and within 14 days after purchase. Of these sessions or classes, only sessions or classes may be refunded.

Signature _____ Date _____



AHA/ACSM Fitness Facility Pre-participation Screening Questionnaire

Assess your health status by marking all true statements

History

You have had:

- a heart attack
- heart surgery
- cardiac catheterization coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator
- rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease

Symptoms:

- You experience chest discomfort with exertion
- You experience unreasonable breathlessness
- You experience dizziness, fainting, or blackouts
- You take heart medications

Other health issues

- You have diabetes
- You have asthma or other lung disease
- You have burning or cramping sensation in your lower legs when walking short distances
- You have musculoskeletal problems that limit your physical activity.
- You have concerns about the safety of exercise
- You take prescription medication(s).
- You are pregnant.

If you marked any of these statements in this section, it is HIGHLY recommended that you consult your physician or other appropriate health care provider before engaging in exercise. You may need to use a facility with a medically qualified staff.

Please answer questions on the back page of this form as well....

Cardiovascular risk factors

_____ You are a man older than 45 years.

_____ You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal.

_____ You smoke, or quit smoking within the previous 6 months.

_____ Your blood pressure is >140 (190 mm Hg).

_____ You do not know your blood pressure.

_____ You take blood pressure medication.

_____ Your blood cholesterol level is >200 mg/dl.

_____ You do not know your cholesterol level

_____ You have a close blood relative who has had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister).

_____ You are physically inactive (i.e., you get <30 minutes of physical activity on at least 3 days per week).

_____ You are >20 pounds overweight

If you marked two or more of the statements in this section you should consult your physician or other appropriate health care provider before engaging in exercise. You might benefit from using a facility with a professionally qualified exercise staff to guide your exercise program.

_____ None of the above

You should be able to exercise safely without consulting your physician or other appropriate health care provider in a self-guided program at almost any facility that meets your exercise program needs.

Modified from American College of Sports Medicine and American Heart Association. ACSM/AHA Joint Position Statement: Recommendations for cardiovascular screening, staffing, and emergency policies at health/fitness facilities. *Medicine and Science in Sports and Exercise* 1998:1018.



fitJET, LLC d/b/a pureSpace

GENERAL PHOTOGRAPHY/VIDEO WAIVER AND RELEASE FORM

I hereby authorize (fitJET, LLC d/b/a pureSpace or pureSpace studio), hereafter referred to as "Company," to publish photographs taken at various dates and times, specifically in _____ of me listed below, and my name and likeness, for use in the fitJET, LLC d/b/a pureSpace or pureSpace studio's print (brochures, catalogs, etc.), online Company website, Company Facebook page [www.facebook.com/movelongvalley], Company Twitter account, Company Pinterest account/boards, etc.) and video-based marketing materials, as well as other Company publications, advertising websites, etc.

I hereby release and hold harmless the fitJET, LLC d/b/a pureSpace or pureSpace studio from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release the fitJET, LLC d/b/a pureSpace or pureSpace studio, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization:

Printed Name: _____

Signature: _____

Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____