

# ICM Fitness

Ian Michna 0438 008 285

## Pre Exercise Questionnaire



First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation \_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Sex: M/F

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What exercise or Sport are you involved in?

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Do you currently exercise?

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How Long (months/ years)? \_\_\_\_\_ How many times per week \_\_\_\_\_

If NO, What sport or exercise have you done in the past?

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Did you get results? \_\_\_\_\_ Why did you stop? \_\_\_\_\_

What is your favourite type of exercise? \_\_\_\_\_

Is there any exercise/s that you dislike? \_\_\_\_\_

Other Comments?

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Are you a smoker?

YES

NO



Specify any injury, illness, or major surgery:  
\_\_\_\_\_

Do you suffer from (please circle to indicate "yes"):

Low blood pressure

Recent Hospitalisation

Heart condition

Asthma

High blood pressure

Diabetes

Epilepsy

Low blood sugar

Current Injury

Joint / Muscle pain

Other, specify \_\_\_\_\_

Are you Pregnant (Current or recent) Y/N Please specify \_\_\_\_\_

Are you on any medication? \_\_\_\_\_

**If you indicated yes to any of the above conditions, have you had a clearance from your doctor to exercise.( if no you may be asked to provide a medical certificate before exercising)**

**WARNING: THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS**



**Agreement for participation in personal training and group training.**

The 'Trainer' refers to the personal trainer.

The 'Activity' refers to the participation in personal/group strength, fitness and conditioning training, assessments and general advice.

- 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, members, 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 proceeding arising out of or connected with my participation in this activity.
- This release ad 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 exertion, 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 the activity and that a qualified medical practitioner has not advised me otherwise.
- I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in 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 be informed immediately. 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 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 and the terms refereed to.

Cancelation policy

If cancelling a session you are required to provide 12 hours' notice or you will be charged for the session.

Your Signature:

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

Trainers Signature:

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