



Soldiers of Fitness LTD.

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Phone: (780)450-5713

..... Registration Information

Name: _____

Address: _____

Phone Number(s): _____

Email: _____

How did you hear about our program? _____

..... Medical Information

Do you have any physical limitations or concerns that we should be aware of? (e.g. injuries, asthma, diabetes, anemia, heart trouble, etc.).

Yes/No

If yes, please explain _____

Do you have any allergies?

Yes/No

If yes, please list _____

Are you currently taking any medication?

Yes/No

If yes, please list _____

Please provide the name of someone we can contact in the case of an emergency:

Name: _____ Phone Number(s): _____



Soldiers of Fitness LTD.



INFORMED CONSENT, WAIVER OF LIABILITY, & PHOTO RELEASE

I hereby agree to the following:

1. That I am participating in the Basic Training Course, On-Going Physical Training Program, Beginner Bootcamp or Workshops offered by Soldiers of Fitness Ltd. during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Basic Training Course, On-Going Physical Training Program, Beginner Bootcamp, or Workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Exercise Classes, or Workshops.
3. In consideration of being permitted to participate in the Basic Training Course, On-Going Physical Training Program, Beginner Bootcamp or Workshops, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the Basic Training Course, On-Going Physical Training Program, Beginner Bootcamp or Workshops, I knowingly, voluntarily, and expressly waive any claim I may have against Soldiers of Fitness Ltd. for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs, or legal representative forever release, waive, discharge, and covenant not to sue Soldiers of Fitness Ltd. for any injury or death caused by their negligence or other acts.
6. Photo release: In connection with my participation in the Soldiers of Fitness Ltd. Basic Training Course, On-Going Physical Training Program, Beginner Bootcamp or Workshops, I consent to the use of my photograph or other likeness in the promotional and other materials of Soldiers of Fitness Ltd without payment or other consideration made to me.
7. I agree that I shall not during, or at any time after the completion of my participation with Soldiers of Fitness Ltd, use for myself or others, or disclose or divulge to others including future employers, any trade secrets, confidential information, or any other proprietary data of Soldiers of Fitness Ltd.

If you are under 18 you must have a parent or guardian sign a paper consent and waiver form.

I have read the above informed consent, waiver of liability, non-disclosure and photo release and fully understand its contents. I hereby affirm that I'm over 18 and I voluntarily agree to the terms and conditions stated above.

PRINT NAME

DATE

SIGNATURE

WITNESS

DATE

Physical Assessment and Readiness Questionnaire (PAR-Q)

PAR-Q & YOU

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

Check YES or NO

Yes	No	
		1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
		2. Do you feel pain in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you were not doing physical activity?
		4. Do you lose your balance because of dizziness or do you ever lose consciousness?
		5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
		6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		7. Do you know of any other reason why you should not do physical activity?

IF YOU ANSWERED....

YES to one or more questions

Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- you may be able to do any activity you want-as long as you start slowly and build up gradually. Or, you may need to restrict and follow his/her advice.
- find out which community programs are safe and helpful for you

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active-begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever. Wait until you feel better; or
- if you are or may be pregnant-talk to your doctor before you start becoming more active

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

I have read, and understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name _____

Signature _____

Date _____

Signature of Parent _____

Witness _____