

**THE STRENGTH CONNECTION, LLC  
HEALTH & MEDICAL INFORMATION FORM**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email \_\_\_\_\_

Person to Contact in Case of Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Does your physician know you are participating in this exercise program? \_\_\_\_\_ YES \_\_\_\_\_ NO

**PAST HISTORY:** Have you had OR do you presently have any of these conditions? (Check if YES)

- |                                                                                            |                                                                |                                                     |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Rheumatic Fever                                                   | <input type="checkbox"/> Recent Operations                     | <input type="checkbox"/> Edema (swelling of ankles) |
| <input type="checkbox"/> High Blood Pressure                                               | <input type="checkbox"/> Injury to Back or Knees               | <input type="checkbox"/> Seizures                   |
| <input type="checkbox"/> Low Blood Pressure                                                | <input type="checkbox"/> Heart Attack                          | <input type="checkbox"/> Fainting                   |
| <input type="checkbox"/> Lung Disease                                                      | <input type="checkbox"/> High Cholesterol                      | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Chest Pains                                                       | <input type="checkbox"/> Pregnancy                             | <input type="checkbox"/> Obesity                    |
| <input type="checkbox"/> Difficulty with Physical Exercise                                 | <input type="checkbox"/> Advice from Physician Not to Exercise |                                                     |
| <input type="checkbox"/> Breathing or Lung Problems                                        | <input type="checkbox"/> Muscle, Joint or Back Disorder        |                                                     |
| <input type="checkbox"/> Diabetes or Thyroid Condition                                     | <input type="checkbox"/> Any Chronic Illness or Condition      |                                                     |
| <input type="checkbox"/> Hernia or Any Condition that May Be Aggravated By Lifting Weights |                                                                |                                                     |

Please explain checked items:

Do you have/have you had any injuries in the past? Have you had any surgeries? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, briefly describe:

**FAMILY HISTORY:** Have any relatives had OR do any relatives currently have any of these conditions? (Check if YES)

- |                                           |                                              |                                                   |
|-------------------------------------------|----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Heart Attack     | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes                 |
| <input type="checkbox"/> Heart Operation  | <input type="checkbox"/> Other Major Illness | <input type="checkbox"/> Congenital Heart Disease |
| <input type="checkbox"/> High Cholesterol |                                              |                                                   |

Please explain checked items:

## ACTIVITY HISTORY

Why did you decide to start an exercise program? Why now?

What are your personal and golf fitness objectives? What goals are most important for you to accomplish with a training program? (Please be specific.)

Do you participate in a regular exercise program at this time? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, briefly describe:

In the past did you participate in an exercise program? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, briefly describe:

## LIFESTYLE & NUTRITION

What is your occupation?

Does it require: \_\_\_ extended periods of sitting \_\_\_ extended periods of repetitive movements

What do you do for recreation? What are your hobbies?

Briefly describe what you typically eat in a day:

Do you smoke? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, how often, how much and how old were you when you started?

Are you presently involved in a weight management program?

If yes, briefly describe:

Are taking any medications or supplements? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please list:

## **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY FOR ANY AND ALL ACTIVITIES OFFERED BY THE STRENGTH CONNECTION, LLC**

I desire to engage voluntarily in exercise and/or personal training programs (hereinafter also referred to as “Activity(ies)”) offered by THE STRENGTH CONNECTION, LLC and (hereinafter referred to as “Andreassen”) in order to improve my physical fitness. I understand that the Activities are designed to place a gradual increasing workload on the cardiorespiratory, muscle and skeletal systems and thereby attempt to improve their functions. The reaction of my cardiorespiratory, muscle and skeletal systems to such Activities cannot be predicted with complete accuracy. There is a risk that certain changes might occur during or following the exercises. In signing this document, I acknowledge being informed of the strenuous nature of these Activities, and the potential for unusual, but possible, physiological results, including, but not limited to, abnormal blood pressure, fainting, heart attack, stroke, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back or foot injuries, permanent disability, paralysis or death.

I understand that the purpose of an exercise program (collectively, as referred to herein, the Activities) is to develop and maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. The programs may involve exercising outdoors (including stairs and grassy, sandy, or asphalt surfaces) or on or with various types of equipment, including benches, machines, stability balls, medicine balls and free weights. All Activities are designed to place a gradually increasing workload on the body in order to improve overall fitness.

**I understand that I am responsible for monitoring my own condition throughout the exercise testing and program and should nay unusual symptoms occur, I will cease my participation and inform Trainer of the symptoms.**

I acknowledge, agree, and represent that I understand the nature of all of the Activities offered by Andreassen, its agents, volunteers, participants, employees and all other persons or entities acting in any capacity on Andreassen’s behalf. I hereby agree to release, indemnify, and discharge Andreassen, on behalf of myself, my children, my parents my heirs, assigns, personal representatives and estate as follows:

1. **I ACKNOWLEDGE**, agree, and represent that I am in good health and in proper physical condition to participate in **ANY** offered Activity that I see fit, of my own choosing and voluntarily. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in this Activity. **I HAVE BEEN ADVISED BY ANDREASSEN TO CONSULT A PHYSICIAN** regarding my physical condition, and ability to participate in these Activities and accept full responsibility for the adequacy of my physical condition to participate in these Activities.
2. **I FULLY UNDERSTAND THAT: (a) THE OFFERED ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH (“RISKS”); (b) these Risk and dangers may be caused by my own actions or inactions, or the actions or inactions of others participating in the Activity, or the NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND THE RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.**

3. **I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS ANDREASSEN**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, **AND OWNERS AND LESSORS OF PREMISES** on which the Activity takes place (each considered one of the “Releasees” herein) or **OWNERS AND LESSORS OF ANY EQUIPMENT BEING USED** for the Activities from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “Releasees” or otherwise, **INCLUDING NEGLIGENT RESCUE OPERATIONS** and further agree that if, despite this release, I or anyone on behalf makes a claim against any of the “Releasees” named above, **I WILL INDEMNIFY EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**
4. **I HEREBY AUTHORIZE** any medical treatment deemed necessary in the event of any injury or illness while participating in the Activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

**I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.**

**INDIVIDUAL RELEASE – 18 and over only.**

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

Printed Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Participant’s Signature (only if age 18 or over): \_\_\_\_\_