



CLIENT TRAINING DETAILS

Name _____	Occupation _____	
Address _____	Postcode _____	
Mobile Phone _____	Home Phone _____	Work Phone _____
Your Email _____	Your Birthday _____	
Emergency Contact Name _____	Phone Number _____	
How did you hear about Drive? _____		

EXERCISE RELEASE FORM

Drive PT CrossFit PARTICIPANTS MUST COMPLETE THE FOLLOWING EXERCISE RELEASE FORM BEFORE THEY BEGIN TRAINING.

Medical Profile

1. Are you a Male over 35 or a female over 45 and NOT used to regular exercise? YES / NO
2. Do you have any heart conditions that you are aware of? YES / NO
3. Do you frequently suffer from pain/palpitations in the chest? YES / NO
4. Do you often feel faint or experience dizzy spells? YES / NO
5. Do you have high blood pressure that you are aware of? YES / NO
6. Do you suffer any bone or joint problems? YES / NO
7. Please indicate if you have any other medical restrictions? YES / NO

8. Do you take any prescription medications? _____
9. Were you referred to this program by your physician? YES / NO
- Dr. Name: _____ Phone Number: _____
10. Are you currently pregnant? YES / NO How many weeks? _____
11. Have you given birth in the last 8 weeks? YES / NO
12. Do you smoke? YES / NO / QUIT- Quit date _____ How many per day? _____

IF YOU HAVE ANSWERED YES TO ANY OF THESE QUESTIONS, DRIVE P.T ADVISES YOU SEEK MEDICAL APPROVAL BEFORE COMMENCING ANY PHYSICAL ACTIVITY.

RELEASE:

I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in any exercise program, sport or physical activity. I hereby waive all claims against Drive PT CrossFit, its instructors, or partners of said program, individually or otherwise, for any and all claims for injuries or damages that I might sustain.

I understand that there is risk of injury associated with participating in any facility exercise program or sports activity and I certify that I am in good physical condition and have no known disabilities that might otherwise be detrimental to my health or well-being.

I understand that Drive PT CrossFit trainers are not able to provide me with medical advice regarding my medical fitness and that the above information is used as guidance to the limitations of my exercise ability.

I certify that all of the information provided on this application is correct and true. All applicants must sign.

Applicant Name: _____ **Applicant Signature:** _____ **Date** _____