




Today's Date _____

Name _____ Date of Birth _____

Address _____ Phone (home) _____

City _____ State _____ Zip Code _____

Email _____ Phone(cell) _____

Occupation _____ Text reminders? Yes No 
 Cell carrier _____

Physician's Name _____ Phone _____

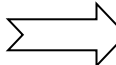
Gender: Male _____ Female _____ Height _____ Weight _____

Person to contact in case of Emergency

Name _____ Phone: _____

HEALTH SCREENING (answering yes to one or more of the following questions may require a physician's release BEFORE you can start and physical activity at Coach Mel's Health & Fitness for Life)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Do you lose our balance because of dizziness or do your ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a bone or joint problem (back, knee, or hip) that could be made worse by a change in your physical activity? Please list problem area(s):
<input type="checkbox"/>	<input type="checkbox"/>	Is your doctor currently prescribing drugs for a blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	Do you know of ANY OTHER REASON why you should not do physical activity? If yes please describe:

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



RELEASE AND WAIVER OF LIABILITY

PARTICIPATION IN ANY ACTIVITY WITH COACH MEL'S HEALTH & FITNESS FOR LIFE IS AT THE SOLE DISCRETION AND JUDGMENT OF THE MEMBER AND AT HIS OR HER OWN RISK.

I, the undersigned, assume full responsibility for injuries, catastrophic injuries, death or damages which may occur to me in, on, or about the premises and do hereby fully release and discharge COACH MEL'S HEALTH & FITNESS FOR LIFE, LLC, the employees and representatives from any and all suits, claims, damages, costs and expenses of every kind in conjunction with the use of the facilities and thereof equipment associated.

I, the undersigned, acknowledge that the exercise program(s) include participation in physical activities, including but not limited to, various aerobic exercises, muscular endurance and or resistance training, flexibility and other physical measurements. I acknowledge these physical activities may be strenuous and may involve inherent risk of physical injury. I agree to assume all risk and responsibility involved with participation in these physical activities.

I understand that I should not participate in the exercise program(s) if I have any physical or health limitations. I fully understand that there are certain risks of physical injury in connection with exercise, and, intending to be legally bound hereby, I, the undersigned, for myself as well as my heirs, assigns and legal representatives, expressly agree to:

- 1) Not commence the exercise program unless I know I am in the proper physical condition (including by obtaining proper advice from my medical provider if applicable), and immediately stop any exercise should I feel pain, dizziness or any other discomfort;
- 2) Assume any and all risks involved in or arising from my voluntary participation in the exercise program(s), including without limitation, the risks of death, bodily injury, or property damage;
- 3) Indemnify, defend and hold harmless, Coach Mel's Health & Fitness for Life, LLC, it's employees and representatives, from any and all suits, claims, causes of action, damages, judgments, costs or expenses, including attorneys' fees, arising in any way by my participation in the exercise program(s) in whole or in part.

My signature below indicates that I have read all of the above material and fully understand this waiver as well as the risks and hazards that apply to participation in the exercise program(s). By signing this document I realize that I am waiving certain legal rights, and I have done so voluntarily.

I understand photos and/or videos may be taken during classes, events, or other social events outside of Coach Mel's facility, I am giving permission for those images of myself to be used for promotional purposes.

I, the undersigned, certify that the information I have given on this form is complete and accurate.

Printed Name _____

Signature _____

Parent/Guardian Signature if under 18 _____

Date _____