

# Client Questionnaire



## Personal details

Title: ..... First Name: ..... Last Name: .....

Address: .....

Suburb: ..... P/C: ..... DOB: .....

Phone: Home: ..... Work: ..... Mobile: .....

Email Address: .....

Emergency Contact: ..... Emergency Number: .....

How did you find out about us? .....

## Please describe your current exercise routine

.....  
.....  
.....

# Pre Activity Questionnaire

The purpose of this questionnaire is to analyse your current fitness and health level which will enable Get Active Body Transformations to ensure your program directly suits your needs.

Read the following questions carefully and answer as accurately as you can. Circle the appropriate answer.

- |                                                                                                                                                                                       |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Has your doctor ever said you have heart disease, high blood pressure or any cardiovascular problems?                                                                              | Yes | No |
| 2. Is there a history of heart disease in your family?                                                                                                                                | Yes | No |
| 3. Do ever have pains in your heart and chest, especially during exercise?                                                                                                            | Yes | No |
| 4. Do you often get headaches, feel faint or dizzy?                                                                                                                                   | Yes | No |
| 5. Do you suffer from pain or limited movement or are you recuperating from a recent illness or operation?                                                                            | Yes | No |
| <i>Explanation comments</i> .....                                                                                                                                                     |     |    |
| 6. Are you taking any medications at the moment? (please list)                                                                                                                        | Yes | No |
| <i>Explanation comments</i> .....                                                                                                                                                     |     |    |
| 7. Are you or have you recently been pregnant?                                                                                                                                        | Yes | No |
| 8. Do you have any other medical condition which you think may affect our ability to participate in exercise?<br>IE: Whiplash, arthritis, suffers from a back, knee or hip condition. | Yes | No |
| <i>Explanation comments</i> .....                                                                                                                                                     |     |    |

If you have answered YES to one or more questions we recommend that you consult your doctor prior to starting a graduated exercise program.

I have read and understood and acknowledge the risk of injury and obligations and authorise release and indemnity to the fitness studio operator, being Get Active Health and Fitness.

Signed.....

Date.....

# ACKNOWLEDGEMENT AND RELEASE AND ASSUMPTION OF RISK

I, **ACKNOWLEDGE** and **UNDERSTAND** that whilst participating in such activity:

- I may be injured, physically or mentally
- My personal property may be lost or damaged
- Other persons participating in such activity may cause me injury or may damage my property
- I may cause injury to other persons or damage their property
- The conditions in which the activity is conducted may vary without warning
- There may be no or inadequate facilities for treatment or transport for me if I am injured
- I assume the risk of and responsibility for any injury, death or property damage resulting from my participation in the activity.

## Release and indemnity of the Fitness Centre Operator

IN CONSIDERATION of the acceptance of my payment or offer of free trial for participating in the activity (and except to the extent that the same may be precluded by statute) I AGREE TO RELEASE AND INDEMNIFY the Fitness Studio Operator as follows:

- I participate in the activity at my sole risk and responsibility
- I release, indemnify and hold harmless the Fitness Studio Operator, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of any injury, loss, damage or death caused to me or my property in any way whatsoever.

I ALSO AGREE THAT in the event that I am injured or my property is damaged, I will bring no claim, legal or otherwise, against the Fitness Studio Operator in respect of that injury or damage.

Before signing this document I have read and understood it and know that it affects my legal rights.

Signed..... Date.....

## Where participant is under 18 years of age

I (*signature*)..... (*Print Name*).....

being the parent or guardian of the person named in this acknowledgement and release HEREBY ACKNOWLEDGE AND AGREE THAT:

- I have read the whole of this document and understand it
- I consent to the person named in this acknowledgement and release participating in the activity and
- I am aware of the risks, dangers and obligations set out above in this acknowledgement and release.

IN CONSIDERATION of the person named in this acknowledgement and release being accepted to participate in the activity I AGREE TO RELEASE AND INDEMNIFY the Fitness Studio Operator in the same manner and to the same effect and extent as if I were the person first named in this Acknowledgement and Release and the person participating in the activity.