



## Elevate Running and Fitness Client Information and Waiver

Personal Information	
Name	
Date of Birth	
Address	
Mobile	
Email	
Emergency Contact Name	
Emergency Contact Mobile	
Running History	
Do you have any Running Goals?	
What are your previous Running Events?	
Have you had any running related injuries?	
Did you have any running injury treatment (physio, surgery, etc)?	
Are you having any current treatment for this injury or anything else?	

Medical History	
Please answer the following:	
Has your medical practitioner ever told you that you have a heart condition, or have you ever suffered a stroke? Y/N	Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? Y/N
If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months? Y/N	Have you had any unexplained pains or discomfort in your chest at rest or during physical Y/N
Do you ever feel faint, dizzy or lose balance during physical activity/exercise? Y/N	Do you have any other conditions that may require special consideration for you to exercise? Y/N
Are you pregnant or have you been in the past 12 months? Y/N	
If you answered yes to any of the above, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.	
Terms and Conditions	
<ol style="list-style-type: none"> <li>1. Please notify me of any change in your goals, or if the sessions are not working for you.</li> <li>2. Please notify me by email or phone if you are unable to attend any session. Any payment processed will be held in credit, or you may attend another session during that term.</li> <li>3. If you are unwell, or an injury develops please notify me as soon as possible</li> <li>4. If there is any update to any of the above, please notify Elevate Running and Fitness as soon as possible.</li> </ol>	
Waiver	
<p>I, _____ (full name), agree to the above terms and conditions, and that the above information is correct.</p> <p>I agree to participate in Elevate Running and Fitness programs or sessions run by a certified fitness trainer. I recognise that exercise is not without varying degrees of risk to musculoskeletal and/or cardiorespiratory systems</p> <p>I hereby certify that I know of no medical conditions that will increase my chance of illness or injury as a result of participating in Elevate Running and Fitness programs or sessions.</p> <p>I am aware that by participating, it may push my physical limitations and result to changes in my wellbeing.</p> <p>I agree to waive Elevate Running and Fitness from any claims, demands or damages resulting in injury or death as a result of participating in Elevate Running and Fitness programs or sessions.</p> <p>I agree to assume all responsibility for any injury incurred whilst participation in Elevate Running and Fitness programs or sessions.</p> <p>Participants Signature: _____</p> <p>Date: _____</p>	