



ATHLETES ADVANTAGE

Please answer the following questions to the best of your ability. For the following questions, unless otherwise indicated, mark the best choice for each question.

HEALTH HISTORY QUESTIONNAIRE

Name: _____ Weight: _____ lbs Height: _____ ft _____ in

Age: _____ M F Date of Birth: ____/____/____ Sport(s): _____

How did you hear of Athletes Advantage? _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Email: _____

Emergency Contact: _____

Relationship: _____ Phone #: _____

Personal Physician: _____ Phone #: _____

QUESTIONS

NO YES

1. Have you ever had a definite or suspected heart attack or stroke?

2. Have you ever had coronary bypass surgery or any other type of heart surgery?

3. Do you have any other cardiovascular or pulmonary (lung) disease (**other than** asthma, allergies or mitral valve prolapse)?

4. Do you have a history of:
 Diabetes Thyroid Kidney Disease Liver Disease

5. Have you ever been told by a health professional that you had an abnormal resting or exercise (treadmill) electrocardiogram (EKG)?

6. Do you have currently have any of the following:

a. Pain or discomfort in the chest or surrounding area that occurs during physical activity

b. Shortness of breath

c. Unexplained dizziness or fainting

d. Difficulty breathing at night except in upright position

e. Swelling of the ankles (recurrent and unrelated to injury)

f. Heart palpitations (irregularity or racing of the heart on more than one occasion)

g. Pain in the legs that causes you to stop walking (claudication)

h. Known heart murmur

7. Are you pregnant or is it likely that you could be pregnant at this time?

8. If you answered YES to any of Questions 1 through 8, have you discussed any of the above with your personal physician?

please continue on reverse side

QUESTIONS *cont'd*

NO YES

9. Have you had surgery in the past 3 months or been diagnosed with any condition that may require surgery NO YES
10. Have you had high blood cholesterol or abnormal lipids within the past 12 months or are you taking medication to control your lipids? NO YES
11. Do you currently smoke cigarettes or have quit within the past 6 months? NO YES
12. Have your father/brother(s) had heart disease prior to age 55 **OR** mother/sister(s) had heart disease prior to age 65? NO YES
13. Within the past 12 months, has a health professional told you that you have high blood pressure (systolic \geq 140 **OR** diastolic \geq 90)? NO YES
14. Currently, do you have high blood pressure or within the past 12 months, have you taken any medicines to control your blood pressure? NO YES
15. Have you ever been told by a health professional that you have a fasting blood glucose greater than or equal to 110 mg/dl? NO YES
16. Describe your current, regular physical activity or exercise program:
- Type: _____
- Frequency: _____ days per week
- Duration: _____ minutes
- Intensity: Low Moderate High
17. Are you currently under any treatment for blood clots? NO YES
18. Do you have problems with bones, joints or muscles that may be aggravated with exercise? NO YES
19. Do you have any back/neck problems? NO YES
20. Have you ever been told by a health professional that you should not exercise? NO YES
21. Are you currently being treated for any medical condition by a physician? NO YES
22. Are there any other conditions (mitral valve prolapse, epilepsy, history of rheumatic fever, asthma, cancer, anemia, hepatitis, etc.) that may **hinder** your ability to exercise? NO YES
23. During the last 6 months, have you experienced any **unexplained** weight loss or gain greater than 10 pounds for no known reason? NO YES
24. If you have answered YES to any of Questions 10-23, have you discussed any of the above with your personal physician? NO YES

I have answered the Health History Questionnaire questions accurately and completely. I understand that my medical history is a very important factor in the development of my fitness/wellness program. I understand that certain medical or physical conditions, which are known to me, but withheld from the staff of Athletes Advantage, may result in serious injury to me. If any of the above conditions change, I will immediately inform the staff of Athletes Advantage of those changes. I, knowingly and willing, assume all risks and responsibility for any injury resulting from my failure to disclose accurate, complete and updated information in accordance with this Health History Questionnaire.

Client's Signature: _____ Date: _____

Parent signature if Minor: _____

Staff's Signature: _____ Date: _____

RELEASE & HOLD HARMLESS AGREEMENT

Know all persons by these presents that _____ individually in consideration for the participation in all activities at Athletes Advantage located at 11120 S. Crown Way, Suite 5, Wellington, Florida 33414 and other good and valuable consideration does hereby release, acquit and forever discharge and, except as otherwise reversed below, their heirs, executors, administrators, successors, assigns, affiliates, employees, insures, agents, and representatives of and from any and all claims, damages, demands, actions, causes of action, alleged or brought, or which could have been alleged or brought under the law, codes and statutes of any and all states, federal, foreign, local or territorial jurisdictions, of whatever name or nature in any manner arising, arising from, arising or to grow out of any and all accidents, incidents, occurrences or matters, through the alleged negligence and/or wrongful acts of Athletes Advantage, LLC.

This RELEASE OF ALL CLAIMS includes among other things, but is not limited to, any and all claims, damages, demands, actions causes of action, alleged or brought, or which could have been alleged or brought, of whatever name or nature made by Athletes Advantage, LLC on our individual and collective capacities, or anyone on our behalf, against which have arisen or may arise out of the use of Athletes Advantage's facility, specifically including but not limited to, any and all claims for bodily injury and any and all resulting pain and suffering, disability, disfigurement, mental anguish, loss of capacity for the enjoyment of life experienced in the past or to be experienced in the future, any aggravation of an existing disease or physical defect or activation of any such latent condition resulting from such injury, medical and related expenses for hospitalization, doctors, medical and nursing care and treatment obtained in the past or to be obtained in the future, loss earnings in the past and any loss of ability to earn money sustained in the past or any such loss in the future, any and all claims for permanent disability or injuries, derivative damages to include any loss of support, services, comfort, society, and attentions in the past and in the future.

I have read the foregoing of this release and hold harmless agreement and fully understand it.

Client's Signature: _____ Date: _____

Parent signature if Minor: _____

Staff's Signature: _____ Date: _____

GYM MEMBER RULES

- Gym members ONLY have access to the weight room & cardio equipment. Use of any other areas, including but not limited to the rehab clinic, the red floor or turf, MUST be approved by a staff member.
- DO NOT WALK through the physical therapy clinic (gray floored area).
- DO NOT ADJUST TVs or fans.
- DO NOT DROP weights on the floor.
- DO NOT MOVE equipment.
- Collars MUST be used on all bars at all time.
- Return all weights and any other equipment used to its proper location.
- Bring your own towel to wipe equipment.
- Be respectful of other clients and staff.
- Do not use offensive language.
- No chewing gum is allowed in the facility.
- No drinks with the exception of water is allowed on turf areas.

I understand that failure to adhere to the rules above will result in the termination of my gym membership without refund.

Print Name: _____ Date: _____

Signature: _____ Staff Initial: _____

CREDIT CARD AUTHORIZATION (OPTIONAL)

Credit Card Information

Name (as seen on card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Email Receipt: No Yes

Email: _____

Credit Card Type: MasterCard Visa Discover American Express

Credit Card #: _____

Security Code: _____ Expiration Date: _____

I authorize Athletes Advantage, LLC to initiate a recurring charge to the credit card indicated above for the total amount due each week. I also authorize charges for any additional related services that I may incur. Charges to my account may vary. I will be provided notice if the charges exceed \$_____.

I understand that I may cancel my recurring charge upon written notice to Athletes Advantage allowing up to a thirty days time for action on my cancellation notice.

Card Holder's Signature: _____ Date: _____

Late Cancel Policy: Clients are subject to a 50% session charge for cancelling with less than a 24-hour notice.

No-Show Policy: Clients are subject to a 100% session charge for no-showing without notice.

PHOTO RELEASE (OPTIONAL)

For valuable consideration, receipt of which is hereby acknowledged, I _____ hereby grant Athletes Advantage LLC the irrevocable right and permission to use, reuse and publish any video (visual and audio), photograph, recorded image and or likeness of me, or in which I may be included in with others, and any photograph and or video I post to social media channels, including, without limitation, Facebook, Twitter, Instagram, Snapchat, YouTube and Vimeo taken on location at Athletes Advantage or at any event associated with Athletes Advantage LLC, in any manner at all, in whole or in part, modified or altered, either by themselves or in conjunction with other media, in any medium or form of distribution, and for any purposes whatsoever, including, without limitation, all promotional, advertising and educational uses, non-commercial or commercial display, broadcast, exhibition of the final production, and other trade purposes, as well as using my name in connection therewith.

I agree that the photographs and reproductions thereof shall constitute the photographer's sole property, and that the photographer has the full right to dispose of any or all of them in any manner whatsoever. I waive the right to inspect or approve the finished product or copy and any use thereof.

I hereby forever release and discharge the photographer and Athletes Advantage LLC from any and all claims, actions and demands arising out of or in connection with the use of said videos, photographs, recorded images and or likenesses and social media posts, including, without limitation, any and all claims for invasion of privacy and libel.

I acknowledge that this release document was signed by me willingly and I certify that I am not a minor, and I am free and able of giving such consent.

Client's Signature: _____ Date: _____

Parent signature if Minor: _____

Staff's Signature: _____ Date: _____