

Uxbridge Evening Class: Spring-2012 Enrollment, Health Questionnaire and Release Form

Please complete form in its entirety and submit cash or check payable to "Momentum Fitness, Inc". See below for pricing information. **Form due by February 20th, 2012.**

Rachel Howe:
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PARTICIPANT INFO:

Name: _____ Age: _____ Male: _____ Female: _____
Address: _____ Referred By: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Primary Email Address: _____
Emergency Contact Name: _____ Phone: _____

20 Class Session:

1- 20 classes by 2/20: \$8.00 per class. # of classes: _____ X \$8 = Amt. enclosed: \$ _____ *After 2/20: \$10
***BONUS: sign up for 15+ classes by 2/20 to enter raffle for FREE nutrition analysis (\$150 value)**

Class dates: 8-9pm at the Community House in Uxbridge.

Classes will run EVERY Mon & Wed evening from February 20th – May 2nd (skipping 3/26 & 3/28). There are 10 Monday night classes & 10 Wednesday night classes.

PAR-Q FORM: Please mark YES or No to the following:

	YES	NO
Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?	_____	_____
Do you frequently have pains in your chest when you perform physical activity?	_____	_____
Have you had chest pain when you were not doing physical activity?	_____	_____
Do you lose your balance due to dizziness or do you ever lose consciousness?	_____	_____
Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?	_____	_____
Are you pregnant now or have given birth within the last 6 months?	_____	_____
Have you had a recent surgery?	_____	_____
If you have marked YES to any of the above, please elaborate below:		

Do you take any medications, either prescription or non-prescription, on a regular basis? _____
What is the medication for? _____
How does this medication affect your ability to exercise or achieve your fitness goals?

IF YOU ANSWERED YES to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or participating in this fitness boot camp. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities and follow his/her advice.

IF YOU ANSWERED NO to all questions:

and you feel you may start becoming more physically active, still use discretion. Begin slowly and build up gradually.

Please read the following consent/liability release form below:

I acknowledge that boot camps, running, weight training, obstacle courses, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. I, the undersigned, assume the risks of participating in these types of events/activities. I, the undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind Momentum Fitness, Inc, for the undersigned participating in said training and or sporting events.

Momentum Fitness shall not be liable for any injuries or damages to me, or subject to any claim, demand, injury or damages, whatsoever, including action. I acknowledge that I have carefully read this paragraph and fully understand that this is a waiver and release of liability. It is my responsibility to insure that I am physically able to participate in this program. Only a doctor can advise me on my ability to participate. By my signature below, I am acknowledging that I have been given the opportunity to obtain that advice and that I have been advised that I can participate.

Momentum Fitness Inc. reserves the right to cancel this class at any time for any reason and will refund any unused portion of your funds to you.

_____/_____/_____
_____ (Signature and date)

*If under 18, a parent or guardian will sign above