

Hoop2BeFit Health and Fitness Questionnaire (Informed Consent – Liability Waiver)

Event: Hoop2BeFit Fitness Class Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Occupation: _____

Emergency Contact: _____

Emergency Contact Phone: _____

In consideration of my being allowed to participate in Hoop2BeFit, I do hereby waive, release and forever discharge LAURA ASZMAN from any and all responsibility or liability for injuries or damages resulting from my participation in any activities with this class.

I also understand that exercise and fitness activities involve *an inherent* risk of injury, and that I am voluntarily participating in these activities. I hereby agree to expressly assume and accept any and all risks of injury.

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness (other than those declared on the attached health questionnaire) that would prevent my participation in fitness classes, except as herein stated. I acknowledge that I have either had a physical examination and have been given my doctor's permission to participate, or that I have decided to participate in fitness classes without the approval of my doctor and do hereby assume all responsibility for *any and all injuries and/or conditions that may arise as a result of my participation and activities in Hoop2BeFit.*

Signature

Please answer the following questions and sign below:

- | | | |
|---|-----|----|
| 1. Has your doctor ever said that you have heart trouble? | Yes | No |
| 2. Have you ever had pains in your chest or got short of breath? | Yes | No |
| 3. Do you ever feel faint or have spells of dizziness? | Yes | No |
| 4. Has your doctor said that your blood pressure is too high? | Yes | No |
| 5. Do you have any joint problems, such as arthritis, that could potentially be made worse by exercise? | Yes | No |
| 6. Are you pre/post natal? | Yes | No |
| 7. Do you suffer from asthma or breathing difficulties? | Yes | No |
| 8. Do you suffer from diabetes or epilepsy? | Yes | No |
| 9. Do you suffer from an allergy? If yes, state medication: | Yes | No |
| <hr/> | | |
| 10. Is there good physical reason, not mentioned here, why you should not follow an activity program? | Yes | No |

_____ Initials

Please provide further details to any answers given above:

If you have answered “Yes” to one or more questions above, then you should consult with your doctor prior to commencing an activity program. If you have consulted your doctor and he/she has advised that you may undertake progressive physical activity, then please sign here:

Signature

How would you describe your level of fitness?

Very Fit

Fit

Average

Unfit

None at all

Video/Photo Release

I hereby give Laura Aszman permission to use my likeness from photographs and video.

Video and Photographs may be used in related printed and digital advertising, marketing and public relations material for Hoop2BeFit.

This release, when signed, is an authorization to use any and all photographs and video footage taken, in perpetuity, and releases Laura Aszman from all claims and demands in connection with the use of photographs or video whether used in printed, or digital form.

Printed name of participant: _____

Signature of participant (or legal guardian if participant is under 18.)

_____ Initials