

WELCOME TO ANN'S AEROBICS & PERSONAL TRAINING

This **Risk Evaluation and Release Form** will apply to any session of **"Ann's Aerobics & Personal Training"** that you participate in. However, if your health changes so that you then answer YES to any of the questions below, please notify me so that I can keep my records up to date or make any necessary changes to your physical activity plan. Please read the questions carefully and answer each one honestly.

YES	NO	<u>RISK EVALUATION</u>
		Has your doctor ever said that you have a heart condition and that you should do only physical activity recommended by a doctor?
		Do you feel pain in your chest when you do physical activity?
		In the past month, have you had chest pain when you were not doing physical activity?
		Do you lose your balance because of dizziness or do you ever lose consciousness?
		Do you have a bone or joint problem that could be made worse by a change in your physical activity?
		Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		Do you know of any other reason that you should not do physical activity?

If you answered, "YES" to one or more questions, talk with your doctor by phone or in person BEFORE you start this program. If you answered "NO" honestly to all questions, you can be reasonably sure that you can start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.

RELEASE FORM

I, _____ certify and acknowledge that:
(Print name)

- 1) Ann Mammoliti advised me prior to commencement of my participation in "Ann's Aerobics & Personal Training" that I should consult a licensed physician prior to commencement of participation, in order that my physical condition and my suitability for the fitness class could be professionally and independently evaluated.
- 2) Ann Mammoliti has advised me, prior to my commencement of participation in "Ann's Aerobics & Personal Training", that such participation involves vigorous exercise, which could result in physical injury.
- 3) I have consulted my own physician prior to participation in the fitness class or have, without any undue influence or inducement from "Ann's Aerobics & Personal Training", or anyone on its behalf, determined not to consult a physician prior to participation in the fitness class.
- 4) I freely and knowingly assume the risks inherent in participation in the fitness class, which risks have been explained to me by Ann Mammoliti, and I hereby waive any right, claim, or cause of action against "Ann's Aerobics & Personal Training" and release it from any liability for any injury, cost, damage, expense, or claim which I or anyone on my behalf might have as a direct or indirect result of my participation in the fitness class.
- 5) I have read the above and understand and agree with each of the above.

Signature

Date

NAME: _____ PHONE #: _____

ADDRESS: _____

IN AN EMERGENCY CALL: _____ PHONE #: _____

The information you provide is strictly confidential and is designed to reveal your current health status/risks only. It would only be shared with medical professional in the case of an emergency.