



3 day Pass

NAME: _____ DATE: _____

ADDRESS: _____ CELL #: _____

CITY/STATE: _____ HOME#: _____

EMAIL: _____

HOW DID YOU HEAR ABOUT US? _____

I, _____, have enrolled in a program of strenuous physical activity including, but not limited to the use of the Xtreme Measures facility, aerobic dance, weight training, stationary bicycling, and various aerobic conditioning machinery offered by Xtreme Measures. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in Xtreme Measures' exercise program and use of the facility. In consideration of my participation in Xtreme Measures' exercise program, I, (please initial) _____, for myself, my heirs and assigns, hereby release Xtreme Measures (its employees and owners), from any claims, demands, and causes of action, now or in the future, arising from my participation in the exercise program. I fully understand that I may injure myself as a result of my participation in Xtreme Measures' exercise programs including, but not limited to miscarriage, heart attack, muscle strains, pulls, or tears, broken bones, soreness, or injury however caused occurring during or after my participation in the exercise program and use of the facility.

SIGNATURE: _____

DATE: _____

Health History

Name: _____ Date: _____

D.O.B. ___/___/___ Age: ___ Cell#: _____ Home#: _____

Emergency Contact: _____ Phone #: _____

Does your physician know you are participating in this exercise program? Yes___ No___

If not, are there any restrictions we should be aware of:

Do you now or have you had in the past:	Yes	No
1. History of heart problems, chest pain or stroke	___	___
2. High blood pressure (hypertension)	___	___
3. Any chronic illness or condition	___	___
4. Difficulty with physical exercise	___	___
5. Advice from physician not to exercise	___	___
6. Recent surgery within the last 12 months	___	___
7. Pregnancy (now or within the last 3 months)	___	___
8. History of breathing or lung problems	___	___
9. Muscle, joint or back disorder, or any previous injury still affecting you	___	___
10. Diabetes or thyroid condition	___	___
11. Smoke Cigarettes	___	___
12. Obesity (more than 20% over ideal body weight)	___	___
13. High cholesterol	___	___
14. History of heart problems in your immediate family	___	___
15. Hernia, or any condition that may be aggravated by lifting weights	___	___

Please explain any "yes" answers: _____

Any client that answers "yes" to the health history questions above may be asked to get a medical release before starting any group fitness class or exercise. At Xtreme Measures we are looking out for your best interest, so please do not take it personal if you are asked for a medical release before starting an exercise program.

Signature

Date