



THE MOVE  
Personal Fitness

### General Information Form/ Waiver & Release

PRIVACY ASSURANCE: This information will never be shared or sold to any other group or company at any time for any reason:  
STAFF INITIALS \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ H. Phone:(\_\_\_\_)\_\_\_\_-\_\_\_\_ Other Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Do you currently exercise? Yes\_\_ No\_\_ How often per week? \_\_\_\_\_

What days/times best suit you to exercise? \_\_\_\_\_

Do **any** of the following apply to you? (check **all** that apply)

prenatal     postnatal     fibromyalgia     stress     osteoporosis  
 arthritis     diabetes     high blood pressure     epilepsy     whiplash  
 back pain     shoulder pain     other \_\_\_\_\_

PLEASE CHECK **YES** OR **NO** TO THE FOLLOWING QUESTIONS:

- 1) Has your doctor ever said that you have a heart condition and that you should only do physical activity that is recommended by a doctor? Yes\_\_ No\_\_
- 2) Do you frequently have pains in your chest when you perform physical activity? Yes\_\_ No\_\_
- 3) In the past month, have you had chest pain when you were not doing physical activity?  
Yes\_\_ No\_\_
- 4) Do you ever lose your balance due to dizziness or do you ever lose consciousness? Yes\_\_ No\_\_
- 5) Do you have bone, joint or other problems that must be addressed when developing an exercise program? Yes\_\_ No\_\_
- 6) Are you pregnant now, or have you given birth in the last 6 months? Yes\_\_ No\_\_
- 7) Have you recently had surgery? Yes\_\_ No\_\_

**If you answered yes to any of these questions please elaborate in the area below:**

**ON THE MOVE PERSONAL FITNESS**

PLEASE READ SIGN & DATE THIS DOCUMENT ON THE LINE AT THE BOTTOM OF THE PAGE

The undersigned acknowledges that they are in good health and physically capable to participate in the appropriate activities offered by On the Move Personal Fitness (hereafter referred to as OMPF) at the various locations the programs are offered. If the undersigned does not have current medical clearance from their doctor (obtained within the last month) and withholds pertinent medical information, OMPF reserves the right to withdraw its commitment of service and usage to this client.

If the client is deemed to be incapable of maintaining a safe level of fitness by OMPF professional staff, or is deemed to create an unsafe environment for their clients or staff members and instructors the management reserves the right to restrict the facility use to this client until a satisfactory level of participation can be assured by the undersigned. The professional staff at OMPF will determine this satisfactory level or may cancel privileges.

The undersigned acknowledges that they assume full responsibility and risk for their own level of participation at OMPF and hereby waive and release OMPF, its owners, officers, agents, employees and instructors from any and all loss, injury or damage to the undersigned resulting from the undersigned's participation at OMPF. The undersigned acknowledges that the liability of OMPF shall, notwithstanding the cause, be limited to a sum not exceeding \$100.00 and if the undersigned were to create loss, injury, or damage to others or to OMPF, OMPF has the right to legally refuse any or all participatory use at OMPF's locations to that participant.

The undersigned acknowledges the fact that they fully understand that there are no facilities or staff able to accommodate the supervision of any children and therefore arrangements for supervision of children must be made prior to the activity being attended and occur off premise of OMPF's locations. The exception to the last paragraph is if OMPF is engaged in conducting a children's fitness class.

The undersigned acknowledges that OMPF reserves the right to change the scheduled events and policy at any time without prior notice. The undersigned guarantees that all the personal information on the reverse of this page is completely truthful. The undersigned agrees that all fees paid are non-transferable and non-refundable. A minimum \$25 administration fee will be applied to any exceptions approved by the management. The undersigned understands that this waiver and compliance are required to participate in any program offered by OMPF. The undersigned acknowledges that this waiver will act in full validity indefinitely.

By signing below, the undersigned is agreeing fully to the terms and conditions contained in this document.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN (IF PARTICIPANT UNDER 19)