



PERSONAL INFORMATION

Last Name _____ First Name _____ Age _____ Birthdate _____
 Address _____ City _____ Zip _____
 Telephone _____ Email Address _____
 Emergency Contact _____ Emergency Phone _____

PHYSICAL ACTIVITY READINESS

Circle One

1. Has your doctor ever said that you have a heart condition and that you should not do physical activity? Y N
2. In the past month, have you had chest pain when you do physical activity? Y N
3. Do you lose your balance because of dizziness or do you ever lose consciousness? Y N
4. Do you have a bone or joint problem that could be made worse by a change in you physical activity? Y N
5. Is your doctor currently prescribing drugs (for ex water pills) for your blood pressure or heart condition? Y N
6. Do you know of any other reason why you should not do physical activity? Y N
7. Have you consulted your physician regarding increasing your physical activity? Y N

MEDICAL HISTORY

Heart Condition	Y	N
Recent Surgery	Y	N
Spinal Issues	Y	N
Arthritis, Bursitis	Y	N
Knee Problems	Y	N

Hernia	Y	N
Neck Problems	Y	N
Shortness of Breath	Y	N
Wrist/Hand Problems	Y	N
Shoulder Problems	Y	N

Asthma	Y	N
High Blood Pressure	Y	N
Leg Problems	Y	N
Foot Ankle Problems	Y	N
Diabetes	Y	N

I, the undersigned, acknowledge that I have enrolled in a personal training program of physical activity. The activities take place in the Core Philosophy Studio of Meghan Boggess in Bear Valley Springs Tehachapi CA. (hereinafter the "Premises") I hereby agree to release and discharge Core Philosophy on behalf of myself, my heirs and assigns in connection with any physical activity I perform on the Premises.

I hereby confirm that I am in good physical condition, do not suffer from any physical, mental, or emotional disability that would prevent or limit my participation in any exercise program, and that I am not under any medication which would prevent participation in such a program. I confirm that Core Philosophy have informed me that I should consult with a physician before I begin any exercise program offer on the Premises.

I understand that in any exercise activity there are certain risks that could result in injury and damage including, but not limited to physical injury to legs, knees, back, head, or other parts of the body, injury or strain to the cardiovascular, circulatory and/ or respiratory systems.

I expressly agree and promise to accept and assume all responsibility and risk for any injury, death, illness, disease or damage to myself or my property, arising from my participation in this activity. My participation in the activity is purely voluntary, and I am electing to participate at my own risk, and I assume all risks related to participate in the activities.

BY SIGNING THIS VOLUNTARY RELEASE, I FULLY RECOGNIZE THAT IF I OR ANYONE ELSE IS HURT OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN ANY ACTIVITY ON THE PREMISES, I HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST CORE PHILOSOPHY REGARDLESS OF THE REASON FOR MY INJURY OR DAMAGE.

I confirm that if I have any disputes under this Agreement with Core Philosophy, I hereby agree to submit my claim to binding arbitration. I confirm that in the event I lose any dispute, Core Philosophy will be entitled to reasonable attorney's fees.

I recognize that this Agreement shall remain in effect for my entire participation in any activity on the Premises. By signing this Agreement, I understand that it affects my legal rights and agree to be bound by its terms. I further confirm that I have had the opportunity to have the attorney of my choice review this Agreement and if I do not have an attorney review this Agreement, it is by my voluntary choice at my sole selection.

FINANCIAL AGREEMENT

I agree to pay for services rendered at the time of service, or prepay for services. I understand that Meghan Boggess have the right to refuse service if payment is not received. I understand that I will be charged a full session for any appointments canceled without 12 hour notice. Payment method is cash or check made payable to Core Philosophy

SIGNATURE

DATE