

THE DAILY GRIND FITNESS, LLC - WAIVER AND ENROLLMENT FORM

MEMBER INFORMATION

Name: (Last)	(First)	(Middle Initial)
Current Address:		
City:	State:	ZIP Code:
Phone: (Home)	Phone: (Work)	Phone: (Cell)
Date of Birth:	Weight/Height:	Sex: M F
Physician:	Phone:	Date of Last Physical:
Emergency Contact:	Phone:	Relationship:
Your Company:	Occupation:	E-Mail Address:
Cell Phone Carrier:	How did you hear about The Daily Grind Fitness?	

RISK ASSESSMENT

Have you ever had any form of heart disease?	YES	NO	Explain:				
Have you ever experienced shortness of breath or chest pains?	YES	NO	Explain:				
Do you have or do any of the following pertain?	Do you have any problems in the following areas?						
High Blood Pressure	Y	N	Levels: <table style="display: inline-table; vertical-align: top;"><tr><td>Knee</td><td>Y</td><td>N</td><td>Explain</td></tr></table>	Knee	Y	N	Explain
Knee	Y	N	Explain				
High Cholesterol Level	Y	N	Levels: <table style="display: inline-table; vertical-align: top;"><tr><td>Low Back</td><td>Y</td><td>N</td><td>Explain</td></tr></table>	Low Back	Y	N	Explain
Low Back	Y	N	Explain				
Cigarette Smoking	Y	N	How many per day? <table style="display: inline-table; vertical-align: top;"><tr><td>Neck</td><td>Y</td><td>N</td><td>Explain</td></tr></table>	Neck	Y	N	Explain
Neck	Y	N	Explain				
Smoked in Past	Y	N	How long? <table style="display: inline-table; vertical-align: top;"><tr><td>Shoulder</td><td>Y</td><td>N</td><td>Explain</td></tr></table>	Shoulder	Y	N	Explain
Shoulder	Y	N	Explain				
Diabetes	Y	N	Insulin dependent? <table style="display: inline-table; vertical-align: top;"><tr><td>Hip/Pelvis</td><td>Y</td><td>N</td><td>Explain</td></tr></table>	Hip/Pelvis	Y	N	Explain
Hip/Pelvis	Y	N	Explain				
Family History Heart Disease	Y	N	Who/ Age? <table style="display: inline-table; vertical-align: top;"><tr><td>Flexibility</td><td>Y</td><td>N</td><td>Explain</td></tr></table>	Flexibility	Y	N	Explain
Flexibility	Y	N	Explain				
Abnormal Resting EKG	Y	N	Explain: <table style="display: inline-table; vertical-align: top;"><tr><td>Any Other</td><td>Y</td><td>N</td><td>Explain</td></tr></table>	Any Other	Y	N	Explain
Any Other	Y	N	Explain				
Are you Active	Y	N	Activity or Exercise / Times per week / Minutes per session:				
Are you currently taking any medication?	YES	NO	Explain:				

AGREEMENT

I, _____ (FULL NAME) agree to participate in **The Daily Grind Fitness, LLC** with a certified fitness instructor. I recognize that exercise is not without varying degrees of risk to the musculoskeletal and/or cardio respiratory system. I hereby certify that I know of no medical problems that would increase my risk of illness and/or injury as a result of participation in a fitness program designed by **The Daily Grind Fitness, LLC**. I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instances of heart attack or even death. I agree to waive, release, remise, and discharge **The Daily Grind Fitness, LLC**, and its agents, officers, principals, and employees of any and all claims, demands, actions, or damages of any kind resulting from participation in **The Daily Grind Fitness, LLC**. The undersigned hereby releases **The Daily Grind Fitness, LLC** as well as waives any and all claims and understands and assumes any and all risk with participation in **The Daily Grind Fitness, LLC**. **Initial Here:** _____

Participant Signature	Date:
Parent or Guardian Signature if under 18 (Sign and Print Name)	
Instructor (Sign and Print Name)	