

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

☐ I agree to these terms.

Have you ever had any form of heart disease? *

☐ Yes ☐ No

Do you have high blood pressure? *

☐ Yes ☐ No

Do you have any problems in the following areas? Knee - Lower back - Neck/shoulders - Hip/pelvis - Any other? Explain: *

☐ Yes ☐ No

Are you Diabetic? *

☐ Yes ☐ No

Are you currently taking any medications?

☐ Yes ☐ No

What type(s)

Have you ever has shortness of breath or chest pains? *

☐ Yes ☐ No

Is there any reason that you know of as to why you shouldn't participate in exercise?

☐ Yes ☐ No

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)

☐ I agree to use electronic records and signatures