

**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

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**Are you Diabetic? \***

☐ Yes ☐ No

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

☐ Yes ☐ No

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**Are you currently taking any medications?**

☐ Yes ☐ No

**What type(s)**

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

☐ Yes ☐ No

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Sign your name below:

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Please read the [Electronic Records and Signature Disclosure](#)  
☐ I agree to use electronic records and signatures