

ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

I warrant to PumpedFIT that all information provided by me, on this form is of a true and correct nature.

I accept that I will not have any claim of any nature against PumpedFIT for any illness, injury or adverse change in medical condition or state of health arising directly or indirectly from any program or advice provided or carried out preparatory to or as part of any program I undertake whilst under the supervision or instruction of PumpedFIT.

Any rights granted to me by law, which are not capable of change by agreement, remain unaffected by the terms of this agreement.

Initial here:

☐ I agree to these terms.

How did you find out about FIT360? *

MEDICAL: Have you had or experienced?? *

No answers to show...

Do you take any of the following medications?? *

No answers to show...

Please explain:

Please explain:

DO YOU EXPERIENCE ANY OF THE FOLLOWING?? *

No answers to show...

Please explain:

LIFESTYLE: Do you eat foods high in saturated fat, refined sugar or salt 2-3 times per week?

☐ Yes ☐ No

If yes, please describe

How many cups of coffee do you drink per day? *

No answers to show...

How many glasses of alcohol do you drink per week? *

No answers to show...

Do you smoke? *

☐ Yes ☐ No

If yes, how many per day?

Are you Pregnant? *

☐ Yes ☐ No

How many hours of sleep do you get per night?

How would you rate your quality of sleep?

No answers to show...

How would you rate your energy in the morning?

No answers to show...

How would you rate your energy in the evening?

No answers to show...

How would you rate your energy at noon?

No answers to show...

How do you cope with stress?

GOALS: On a scale of 1 – 10 how would you rate your current health & fitness level? 1(Worst) –10(Best)

Are you satisfied with your current level of health & fitness? *

☐ Yes ☐ No

How often are you currently participating in physical activity? *

No answers to show...

List the types of activities you currently participate in and the intensity

Please tick which applies to your interests. What results do you wish to achieve? *

No answers to show...

If other, please explain

LIST 3 Personal fitness/lifestlye goals you wish to achieve

When do you need to achieve this by?

Why is it important you achieve these goals?

On a scale from 1 – 10 how important is it for you to achieve your results? *

HELP US HELP YOU! What potential obstacles, actions, behaviours, activities etc. do you feel could slow your progress toward your goals?

No answers to show...

Do you have a plan to overcome these obstacles?

☐ Yes ☐ No

Please list

Have you had any previous injury or surgery that may impact your ability to participate in an exercise program? *

☐ Yes ☐ No

If yes, please list

Are there any physical or mental conditions that may limit your activity or cause you to come under harm whilst participating in an exercise program? *

☐ Yes ☐ No

If yes, please describe

Sign your name below:

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

☐ I agree to use electronic records and signatures