Registration & Release Form

The following information will be kept private and confidential. It will not be shared, sold or traded. **Please print your name and address** and keep us informed of any changes.

Name:_____

Mailing Address:_____

City:_____Postal Code:_____

Tel: (H)_____Tel:(W)_____Fax:_____

Email:_____

Date of Birth:_____Occupation:_____

Past Exercise (yoga, strength training, walking, pilates):_____

How Long?_____

Please let us know the Class or Service that you are interested in _____

What do you hope to gain through participation in this program?_____

_____

Do any of the following apply to you?

- ❑ Arthritis
- ❑ Asthma/breathing problems
- ❑ Cigarette smoking
- ❑ Diabetes
- ❑ Digestive problems / colitis / diarrhea
- ❑ Eye problems / glaucoma / detached retina
- ❑ Fatigue / sleep disorders
- ❑ Hearing / ear problems
- ❑ Heart condition
- ❑ IBS
- □ Hernia
- □ High blood pressure
- □ Kidney/ bladder
- □ Menopause
- □ Osteoporosis
- □ PMS
- □ Pregnant – Due date _____
- □ Recent surgery
- □ Thyroid
- □ Other? _____

Numbness / pain in:
□ neck □ shoulders □ elbows □ hands □ wrists □ hips □ lower back □ upper back □ knees □ ankles □ feet □ other (please note)

Symptoms_____Please turn over ▶
Is there any other reason why you should limit your physical activity? (ie. Other medication, physical conditions)_____

Are you currently being treated for any of these conditions?_____By Whom?
☐ Physician ☐ Physiotherapist ☐ Chiropractor ☐ Naturopath
☐ Massage Therapist ☐ Other, please specify _____

Name of Practitioner: _____

Please list any prescribed medication you are taking on a regular basis, its purpose and how it affects you.
_____
_____
_____

I, the undersigned, **declare** that I intend to use some or all of the activities, equipment, programs and services offered by Active Options, Balanced Motion and/or Sher-Fit Personal Training, and I understand that each person, (myself included), has a different capacity for participating in such activities, programs and services. I am aware that all activities, services and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility during and after my participation, for my choices, to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which I conduct myself in that activity or program. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any program activity and realize that I should do so upon recognition of any signs of transient lightheadedness, fainting, chest discomfort, leg cramps, nausea, etc.

In addition, **I acknowledge** that I have inquired about the nature of any activity, program or services that I am not completely familiar with and I have been informed of any inherent risks.

I declare that I have read, understood and agree to the contents of this Informed Consent Agreement in its entirety.

_____
Participant

_____
Date