



MEDICAL INFORMATION FORM

First Name	Last Name	Date of Birth
Email		Phone (home)
Street Address		Phone (mobile)
City	State	Zip
Emergency Contact Name	Emergency Contact Address	
Emergency Contact Phone	How did you hear of Luke Fitness?	

1. Level of Activity (check one) :

- Sedentary
- Mildly Active
- Active
- Very Active

2. Notes on Activity (if any)

3. Have you ever been diagnosed with high blood pressure?

- Yes
- No

4. Have you ever been prescribed medication to control high blood pressure?

- Yes No

If yes, please provide details.

5. Do you smoke?

- Yes No

6. If no, did you ever smoke?

- Yes No

7. If yes, how long ago and how much did/do you smoke?

8. Have you ever been diagnosed with heart problems?

- Yes No

9. Do you suffer from chest pain?

- Yes No

10. Do you suffer from chest pain?

- Yes No

11. Do you ever feel faint or have spells of dizziness?

- Yes No

12. Have you ever been prescribed medication for heart problems?

- Yes No

13. Have you ever been diagnosed with joint or soft tissue problems?

- Yes No

If yes, explain

14. Do you have problems with your: (Check all that apply)?

- | | |
|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Upper Back | <input type="checkbox"/> Wrists |
| <input type="checkbox"/> Lower Back | <input type="checkbox"/> Hips |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Knees |
| <input type="checkbox"/> Shoulders | <input type="checkbox"/> Ankles |
| <input type="checkbox"/> Elbows | |

If yes, explain

15. Physician Name and Phone Number

16. Medications

17. RELEASE OF LIABILITY- READ CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of personal training, weight training, cardiovascular exercise, and general fitness organized by Luke Connell Fitness LLC (“Luke Fitness”), and/or use of the property, facilities and services (trainers) of Luke Fitness, I agree to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Luke Fitness, or the employees, representatives or agents of Luke Fitness.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and further release and discharge Luke Fitness for injury, loss or damage arising out of my use of or presence upon the facilities of Luke Fitness, whether caused by the fault of myself, Luke Fitness or other third parties.
3. I agree to indemnify and defend Luke Fitness against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my use of or presence upon the facilities of Luke Fitness.
4. I agree to pay for all damages to the facilities of Luke Fitness caused by my negligent, reckless, or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Pennsylvania law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS

Name:

Signature:

Date:
