



JACKIE KOLD FITNESS AND YOGA/HEALTH PROFILE AND WAIVER

5N201 Shady Oaks Court, St. Charles, IL 60175 Studio: 630-584-2254; E-mail:jkapr@sbcglobal.net

In the following HEALTH HISTORY/WAIVER/RELEASE, "club" refers to: JACKIE KOLD FITNESS AND YOGA, and its agents, affiliates and employees.

NAME: _____ **TODAY'S DATE:** _____

PHONE: () _____ **(HOME)** () _____ **(WORK)**
() _____ **(CELL)** **EMAIL:** _____

ADDRESS: _____ **ZIP:** _____

EMERGENCY CONTACT: _____ **RELATION:** _____

EMERGENCY PHONE:() _____ **(HOME)** () _____ **(WORK)**
() _____ **(CELL)**

DOCTOR'S NAME: _____ **PHONE:** () _____ **(OFFICE)**

ARE YOU UNDER THEIR CARE NOW? YES NO **If yes, explain** _____

ARE YOU CURRENTLY TAKING ANY MEDICATION ? YES NO **TYPES/REASONS:**

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING CONDITIONS?

- ALLERGIES** YES NO _____
- HEART ATTACK** YES NO _____
- STROKE** YES NO _____
- CHEST PAIN** YES NO _____
- HYPERTENSION** YES NO _____
- DIABETES** YES NO _____
- CANCER** YES NO _____
- HIGH CHOLESTEROL** YES NO _____
- HERNIA** YES NO _____
- ARTHRITIS** YES NO _____
- THYROID** YES NO _____
- ANEMIA** YES NO _____
- OTHER** _____

HAVE YOU BEEN INJURED IN ANY OF THE FOLLOWING AREAS? WHEN?

- | | | | |
|---------------------|--|-------|-------|
| NECK/HEAD | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ | _____ |
| SHOULDERS | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ | _____ |
| BACK/SPINE | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ | _____ |
| ARMS/ELBOWS | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ | _____ |
| WRISTS/HANDS | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ | _____ |
| HIPS/LEGS | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ | _____ |
| KNEES | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ | _____ |
| ANKLES/FEET | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ | _____ |

DO YOU SMOKE CIGARETTES?: YES NO **if yes, how much?** _____

DO YOU HAVE ANY PHYSICAL CONDITION OR USE MEDICATION THAT COULD BE AGGRAVATED BY EXERCISING/EXERTING YOURSELF?: YES NO **if yes, explain:**

HAVE YOU INFORMED YOUR DOCTOR YOU ARE TO BEGIN EXERCISING AND HAVE THEY APPROVED? YES NO **If no, why?** _____

Release: I know of no physical or medical condition which I, or my doctor, feel could be aggravated by my participating in activities, exercises or the facility at the club. I agree to advise the club in writing if any of the information changes or if my doctor advises me to stop, reduce or otherwise adjust my exercise regimen at the studio. I will advise the club immediately if I injure myself in any way while on their premises. Signature _____

Please see and sign waiver on back.

WAIVER AND RELEASE FORMS

Use of Photograph, Name or Image Release. *As a participant in a program, boot camp, yoga class or other involvement with Jackie Kold Fitness and Yoga, Inc., I hereby give consent to Jackie Kold Fitness and Yoga, Inc. the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of me or in which I may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own image, made through any and all media now or hereafter for promotional or advertising purposes including the use of printed materials and the World Wide Web. I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied. If I am participating with my minor child in these photographs, I also give same consent for photos which include my child as behalf of my minor.*

RELEASE OF INJURY. JACKIE KOLD FITNESS AND YOGA, INC. is so named now as "Club".

Because physical exercise can be strenuous and subject to risk of serious injury, the club urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You (each member, guest, and all participating family members) agree that if you engage in any physical exercise or activity, or use any club amenity on the premises or off premises including any sponsored club event, you do so entirely at your own risk. Any recommendation for changes in diet including the use food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury, illness, or death. We are also not responsible for any loss of your personal property.

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of (a) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment (c) our instruction, training, supervision, or dietary recommendations and (d) your slipping and/or falling while in the club, or on the club premises, including adjacent sidewalks and parking areas.

You acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability. You expressly agree to release and discharge the health club, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the club for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Club, its agents, and employees.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signed: _____ Names of family members (if applicable)

Printed Name: _____

Dated: ____/____/____

