



# SOUL FITNESS

## PHYSICAL ACTIVITY READINESS

### FITNESS GOALS

What are your top 3 reasons for joining Soul Fitness?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

On a scale of 1 to 10, how serious are you about achieving your goals?

least    1        2        3        4        5        6        7        8        9        10        most

HEALTH HISTORY	YES	NO	DETAILS
Are you currently exercising?			
If Yes, What type of exercise? (Be specific)			
How would you describe your current physical condition?			
Has your doctor ever told you that you have a heart condition, have you ever suffered a stroke or does your family have a history of heart disease?			
Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?			
Do you smoke cigarettes? If so, how many per day/week?			
Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?			
Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?			
If you have diabetes (type I or type II), have you had trouble controlling your blood glucose in the last 3 months?			
Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?			
Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? (eg epilepsy, back or neck problems)			
Do you have high cholesterol?			
Is there any reason, not mentioned thus far, that would not allow you to participate in a physical fitness program?			
Are you pregnant, or have you given birth in the last 12 months?			

*NOTE: If you answered YES to any of the above questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking any physical activity.*

I believe that to the best of my knowledge, all of the information I have supplied within this document is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SOUL FITNESS**

**WAIVER OF LIABILITY TO PARTICIPATE AT SOUL FITNESS  
FOR GROUP TRAINING AND PERSONAL TRAINING**

I/We hereby understand and acknowledge that the training, programs and events held by Chase Williams may expose me to many inherent risks, including accidents, injury, illness or even death.

I/We assume all risks of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge of my participation with training, i agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE Chase Williams and its officers, agents, employees, organisers, representative, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in any training, programs and/or events.

I hereby provide my consent for the publication of my likeness on social media platforms.

By my signature I/We indicated that I/We have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

**Participants Name:** \_\_\_\_\_

**Participants Signature:** \_\_\_\_\_

**Participants Phone Number** \_\_\_\_\_

**In case of emergency, contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Parents signature if under 18 years of age)**

**I represent that I have legal capacity and authorize to act on behalf of a minor named  
Herein**

**Parents/Guardian Contact:** \_\_\_\_\_

**WAIVER OF LIABILITY**