



DV8 Fitness Medical History Form

Name: _____

Address: _____

Emergency contact: _____

Birthdate: _____

Sex: M _____ F _____

Home phone: _____

Work phone: _____

Email Address: _____

Past Medical History and Review of Systems

Please circle if you have had problems with or are presently experiencing any of the following:

- | | | |
|-------------------------------|----------------------------------|--------------------------------|
| 1. High Blood Pressure | 15. Tuberculosis | 28. Arthritis |
| 2. Diabetes | 16. Hay fever | 29. Back problems |
| 3. Cancer | 17. Abdominal discomfort | 30. Skin diseases |
| 4. Heart Disease | 18. Indigestion | 31. Blood disorders |
| 5. Chest pain/chest tightness | 19. Nausea | 32. Anemia |
| 6. Shortness of breath | 20. Vomiting | 33. Alcohol abuse |
| 7. Ankles Problems | 21. Ulcers | 34. Drug abuse |
| 8. Palpitations | 22. Unexplained weight gain/loss | 35. Gout |
| 9. Lightheadedness | 23. Gall bladder disease | 36. Neck problems |
| 10. Rheumatic fever | 24. Hepatitis or jaundice | 37. Knee problems |
| 11. Asthma | 25. Head or neck radiation | 38. Shoulder problems |
| 12. Bronchitis | 26. Headache | 39. Presently pregnant |
| 13. Pneumonia | 27. Kidney disease | 40. Other: (please list) _____ |
| 14. Persistent cough | | |

Please List and Supply the Date of:

Operations: _____

Hospitalizations other than for surgery: _____

Do you have any medical conditions other than listed above:

Please provide the name, address and telephone number of your present treating physician:

Date

Signature



INFORMED CONSENT

I desire to participate in personal training and/or kettlebell classes with Phil Scarito and DV8 Fitness, (hereafter collectively referred to as “DV8”) in order to improve my physical fitness. In doing so, I understand and agree with the following statements:

- 1 I understand that the purpose of the above will be to develop and maintain cardio respiratory fitness, body composition, flexibility, muscular strength and endurance. I recognize that individuals vary in their response to exercise and that specific results cannot be guaranteed. I also understand that I may experience muscular soreness and physical fatigue both during after the training and/or classes.
2. I understand that I am responsible for monitoring my own condition during the exercise program and fitness testing, and should unusual symptoms occur, I will cease my participation and inform DV8 of the symptoms.
- 3 I recognize that it is possible to suffer accidents, injuries and medical emergencies such as strained muscles, sprained joints, broken bones, heart attacks, strokes and other medical incidents as a result of either the personal training and/or kettlebell classes.
4. I acknowledge receipt of the DV8 Medical Release. I have disclosed all illness and medical problems which I have had or currently have. I further agree that in the event that I develop an illness and/or medical problem listed that I will notify DV8 immediately.

In consideration for being trained by DV8 and/or attending kettlebell classes I agree to assume the risk of such exercise, and further agree to hold harmless DV8, its owners, employees, staff members, independent contractors and all agents from any claims, suits, losses or related causes of action for damages including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from personal training and/or kettlebell classes.

Signature of Participant

Date

Print Name of Participant

Date of Birth