



HEALTH & EXERCISE QUESTIONNAIRE



Name _____ Age _____

1. What are your primary goals?
- Strengthen heart and lungs (cardio-vascular system) Lose weight Stress Management Gain weight
- Improve athletic performance in what sport? _____
- Improve muscle tone Target area(s) _____
- Improve flexibility Target area(s) _____
- Other goals _____

2. How often do you engage in cardiovascular activities weekly? _____ Days per wk _____ min./hrs. _____ type

3. Do any of these conditions apply to you?
- | | | | | | |
|--|--------------------------------------|--|---|---------------------------------------|---|
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Respiratory disease | <input type="checkbox"/> Cancer | <input type="checkbox"/> Migraines | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Obesity | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Asthma | <input type="checkbox"/> Back/Neck pain | <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Cigarettes _____ per day | <input type="checkbox"/> Back injury | <input type="checkbox"/> Significant EKG abnormalities | <input type="checkbox"/> Cholesterol above 300mg/dl | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart palpitations |
| <input type="checkbox"/> Pregnancy _____ months | | | | | |
| <input type="checkbox"/> Musculoskeletal abnormality _____ | | | <input type="checkbox"/> Other _____ | | |

4. Have you ever experienced? Chest pain Shortness of breath

5. Are you currently taking medications? Yes No

Name of medication(s) _____ What for _____

6. Are you currently under medical care? Yes No What for _____

FITNESS CENTER WAIVER RELEASE

Certain medical conditions may require that your personal physician (or physical therapist) determine whether you can safely exercise and which limitations, if any, should be observed. We encourage anyone just getting started with an exercise program to see his or her physician. Medical conditions requiring a written physician's approval prior to beginning this exercise program include, but are not limited to:

- ▶ If you have NOT SEEN a physician in 3+ years
- ▶ Cancer, diabetes, chest pain
- ▶ Significant muscle or bone disorder
- ▶ High blood pressure, heart attack, heart disease
- ▶ Obesity, pregnancy
- ▶ Respiratory disease, emphysema
- ▶ Cholesterol over 300mg/dl
- ▶ Under a physician's care for any disease or disorder
- ▶ Incidence of abnormal EKG

If you are required to see a physician, please ask for the physician's referral form or have your doctor sign a prescription to exercise which lists ANY AND ALL limitations.

I desire to voluntarily participate as an active member of Laguna Niguel Racquet Club/The Tennis Club at Monarch Beach, in order to improve my overall fitness level. To participate in the workouts, subsequent workouts and aerobic classes, I verify that I am in good health with no known contraindication to exercise. I will notify my physicians of my participation in this program, or have written medical clearance from my physician if necessary.

I understand the risks associated with my participation in this fitness program include, but are not limited to, abnormal blood pressure and heart rate, fainting, mild light-headedness, and heart attack.

I acknowledge that no guarantees have been made to me concerning the results of the proposed program.

Any information on the Health & Exercise Questionnaire is true and correct. The results from the Program will be treated as confidential and will not be released without my written consent.

In consideration of the right to use the fitness and exercise facility (all of which is collectively referred to herein as "Fitness Center"), I individually, and on behalf of my representative and heirs, hereby release Laguna Niguel Racquet Club/The Tennis Club at Monarch Beach its officers and employees of any and all claims, suits, costs, expenses and liabilities of any nature whatsoever (including but not limited to claims for injury or death) which may arise out of or be related in any way to the use of the Fitness Center by the undersigned.

I am using the Center at my sole risk, and considered this to be true by my signature.

MEMBER SIGNATURE

MEMBER NUMBER