



Back To Life Chiropractic

“Crash Fitness Center”

4201 W Highway 146 · LaGrange, KY 40031 · (502) 241-1122

Date _____ Act# _____

Client Name _____

Last Name

First Name

Middle

Home Phone _____

Work Phone: _____

Cell Phone _____

Preferred method of contact: _____

Address _____

City _____

State _____

Zip Code _____

Sex Male Female

Date of Birth _____

AGE _____

Married Widowed Single Minor Separated Divorced Partnered

Occupation _____

In Case of Emergency, Contact: _____

Phone number: _____

Referred by _____

E-Mail

Yes	No	I have a completed Physical Wellness Assessment Data Sheet
Yes	No	I have a completed Sports Physical if needed
Yes	No	I have completed a Payment Card
Yes	No	I have completed the Waiver and Release Forms for Trainer and Crash Fitness Center
Yes	No	I have supplied proof of insurance



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Physical Wellness Assessment Data Sheet

Name _____

Date of Birth ____/____/____

Initial Consult Date ____/____/____

Lifestyle Assessment

1. Have you participated in any type of regular exercise in the past 6 months? Yes No
2. Have you ever experienced chest pain with exercise? Yes No
3. Have you ever experienced joint pain with exercise? Yes No
4. Have you ever participated in a weight management program? Yes No

If yes, which program(s) _____

5. Do you consider yourself to be: Ideal Weight Underweight Overweight

6. Do you have any limitations/restrictions that you are aware of? Yes No

Restrictions/Limitations _____

Comments _____

Please continue filling out the information on the back side of this form. The shaded area below is to be filled out by your Fitness Professional.

Fitness Assessment

Age _____ Height _____ Weight _____

BMI _____ Blood Pressure _____

Core Strength and Flexibility Test

Core Test _____ UE Flexibility and Strength _____

LE Flexibility and Strength _____ Flexibility _____

Type of Workout:

Physical Wellness Assessment Data Sheet

Physical Activity Readiness Questionnaire

Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Male over 40* | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Female over 50* | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Cigarette Smoking* | <input type="checkbox"/> Back/Neck Problems |
| <input type="checkbox"/> Physical Inactivity* | <input type="checkbox"/> Joint Pain |
| <input type="checkbox"/> High Blood Pressure* | <input type="checkbox"/> Joint Replacement |
| <input type="checkbox"/> High Cholesterol* | <input type="checkbox"/> Diabetes* |
| <input type="checkbox"/> Chest Pain/Heart Disease* | <input type="checkbox"/> Obesity* |
| <input type="checkbox"/> Shortness of Breath* | <input type="checkbox"/> Emphysema/Bronchitis/Asthma |
| <input type="checkbox"/> Heart Attack* | <input type="checkbox"/> Mental Health Issues |
| <input type="checkbox"/> Family History of Heart Disease* | <input type="checkbox"/> Bulimia/Anorexia/Binge Eating |
| <input type="checkbox"/> Seizures/Stroke* | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Dizziness/Balance Problems* | <input type="checkbox"/> Other Conditions |

***If you have checked off one or more of the asterisked conditions please consult with your physician to gain his/her approval prior to you signing the physical activity consent form.**

You may be able to do any activity you want as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

Delay becoming more active if you are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better. If you believe you may be pregnant, talk to your doctor before you start becoming more active.

Please Note: If your health changes so that you then check off the asterisked conditions, tell your fitness or health professional. Ask whether you should change your exercise program.

I have read and understood this questionnaire. Any questions or concerns that I had were addressed and explained to my complete satisfaction. I consulted with my physician and gained his/her approval prior to starting my exercise program.

Name _____ Date _____

Patient Signature _____

Primary Physician _____ Physician Phone# _____



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Waiver, Release, and Assumption of Risk Form

I, _____, have volunteered to participate in a fitness program provided to me by _____ (“Trainer”), which may include, but may not be limited to resistance training and aerobic or cardiovascular exercise. In consideration of Trainer’s agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless Trainer and his respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

THIS WIAVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I, _____, have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death.

I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I, _____, have chosen not to obtain a physician’s consent prior to beginning this fitness program with Trainer, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELAESE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST TRAINER FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS OR CONTRACTORS.



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This form is an important legal document that explains that the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

Participant’s signature

Date

Please print name

Parent or legal guardian (if participant is under age eighteen)

Date

Please print name



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Release, Indemnification and Hold Harmless Agreement

In consideration of participating in health and fitness club activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Back to Life Chiropractic, LLC and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as “Releasees”), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that health or fitness club activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, musculoskeletal injuries, broken bones, and/or overuse injuries, injuries caused by equipment that breaks or otherwise fails; death as a result of drowning or brain damage caused by near drowning; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claim, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover and injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume—and bear the costs of—all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees’ facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.



Release, Indemnification and Hold Harmless Agreement

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Participant’s signature

Date

Please print name

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor’s names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or legal guardian (if participant is under age eighteen)

Date

Please print name