Pre-Exercise Questionnaire

Welcome to Revolution Health and Fitness!
We'd like to learn a little more about you?

Please complete this form and PRINT CLEARLY

☐NEW MEMBER ☐RETURNING MEMBER

☐7-DAY PASS ☐CASUAL VISIT

DATE:_____/_____/_____

HOW DID YOU HEAR ABOUT US? *(If you were recommended to us by a friend please write their name)*

◯ **Mr**
◯ **Mrs**
◯ **Ms**
◯ **Miss**

First Name _____

Last Name _____

Date of Birth: _____/_____/_____

Email: _____

Street Address: _____

Suburb: _____ **Postcode:** _____

Phone (M):_____ **Phone (H):**_____

Emergency Contact Name: _____ **Phone:**_____

Have you been to Revolution Health and Fitness before? ☐No ☐Yes, as a guest/free trial.

Are you currently meeting your fitness goals?

☐Yes, I currently train. ☐No, and I'd like some guidance. ☐No, but I know what I need to do.

Please Turn Page Over

A quick check to make sure you're ok to exercise and then you're ready to go. Please answer the following questions to the best of your knowledge.

Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	**YES**	**NO**
Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	**YES**	**NO**
Do you ever feel faint or have spells of dizziness during physical activity /exercise that cause you to lose balance?	**YES**	**NO**
Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	**YES**	**NO**
If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last three months?	**YES**	**NO**
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?	**YES**	**NO**
Do you have any other medical condition(s) that may make it dangerous for you to participate In physical activity/exercise?	**YES**	**NO**
Do you have or previously suffered from high or low blood pressure?	**YES**	**NO**
Are you currently taking **medication?** Please name the condition it is for**:**	**YES**	**NO**

Please take a moment to read the fine-print:

I hereby represent to Revolution Health and Fitness Centre, its employees and affiliates that I am physically capable of, and there is no medical reason to prevent me from, proceeding with the use of the gymnasium facilities without endangering my health. I understand that to Revolution Health and Fitness Centre is not able to provide me with medical advice regarding my medical fitness and that the information provided on this form is used as a guideline to the limitations of my ability to exercise. I represent and warrant that all information on this form is correct and that any alteration to my health must be reported to Revolution Health and Fitness Centre immediately and may require written medical clearance prior to continuing my exercise routine.

I acknowledge that whilst within the gym facilities my person, guests, property and guest's property are at my own risk. I acknowledge I will not hold to Revolution Health and Fitness Centre, or its employees and affiliates, responsible for, and the club hereby excludes to the extent permitted by law, all liability for any personal injury or damage (whether direct, indirect, special or inconsequential) suffered by me or my guest, or loss of property suffered by me or my guest, while I am in the gymnasium facility or arising in any way out of the use of the facilities and equipment provided by to Revolution Health and Fitness Centre, regardless of how the injury, damage or loss is caused.

By signing this form I confirm I have been given the Revolution Health and Fitness Centre membership Terms and Conditions document and have had the opportunity to read and understand the conditions of my membership and any associated billing arrangements.

_____ ____/____/____ _____

Signature **Date** **Witness / Staff Signature**