



# Physical Activity Readiness Questionnaire

Today's Date: \_\_\_\_\_

Member #: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Male / Female: \_\_\_\_\_

Name of member who referred you (if applicable): \_\_\_\_\_

**If you answer yes to any of the following questions, we will require a completed physician's approval form before you workout at the gym. The desk staff will be happy to fax the necessary form to your doctor.**

**Yes No**

- 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2. Do you feel pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you were not doing physical activity?
- 4. Do you often feel faint or have spells of severe dizziness?
- 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- 6. Is your doctor currently prescribing drugs (for example, water pills) for blood pressure or heart condition?
- 7. Do you know of any other reason why you should not do physical activity?

**I read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.**

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

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

Signature of Parent or Guardian (if under 18): \_\_\_\_\_

Witness: \_\_\_\_\_

**Continue on Reverse Side**

# Agreement and Release of Liability

\_\_\_\_\_  
Initial

1. In consideration of gaining membership or being allowed to participate in the activities and programs of Los Osos Fitness and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Los Osos Fitness and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Los Osos Fitness or the use of any equipment at Los Osos Fitness.

\_\_\_\_\_  
Initial

2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

\_\_\_\_\_  
Initial

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities and programs of Los Osos Fitness or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have an annual or more frequent physical examination and consultation with my physician as to physical activity, exercise, and the use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate, or that I have decided to participate in an activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

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

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

Signature of Parent or Guardian (if under 18): \_\_\_\_\_

Witness: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Sales Representative: \_\_\_\_\_

Member Type: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash / CC / Check #: \_\_\_\_\_

Who Referred: \_\_\_\_\_ Reward: \_\_\_\_\_ Updated: \_\_\_\_\_