

Release of Liability & Informed Consent Program: _____

Please Mail Completed Forms with Payment to
 Elite Health & Fitness
 1519 Central St. Stoughton, MA 02072
 Or Fax to (781)297-3703
 (Fax Only Available for Credit Card Payments)



Participant Information

Name _____ DOB: _____ Sex: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Street Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Referred by: _____
 Emergency Contact: _____ Emergency Phone: _____

Participant Medical History & Modified Physical Activity Readiness

Regular exercise is associated with many health benefits, yet any change in activity may increase risk of injury. Completion of this questionnaire is a first step in your involvement in any Elite Health & Fitness' Programs. Please read each question carefully and answer every question honestly.

Yes	No	1. Do participant have any medical problems that may prevent you from participating in strenuous physical activity?
Yes	No	2. When participant does physical activity, does he/she feel pain in your chest?
Yes	No	3. When participant is not doing physical activity, does he/she have chest pain?
Yes	No	4. Does participant ever lose consciousness or balance because of dizziness?
Yes	No	5. Does participant have a joint or bone problem that may be made worse by a change in his/her physical activity?
Yes	No	6. Is a physician currently prescribing medications for participant's blood pressure or heart condition?
Yes	No	7. Does participant have insulin dependent diabetes?
Yes	No	8. Do you know of any other reason participant should not exercise or increase his/her physical activity?
Yes	No	9. Does participant have a family history of heart disease?
Yes	No	10. Has participant ever been told he/she has an orthopedic problem that would limit his/her exercising?
Yes	No	11. Is there anything not mentioned above that Elite should be made aware of? (ie: allergies) Please specify:

If you answered yes to any of the above questions, talk with your doctor BEFORE you become an active participant in any of Elite's Programs. By signing below, you have either honestly answered "no" to all questions above or have medical clearance to participate in this program.

Participant Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____

Informed Consent

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise which can enhance the musculoskeletal and cardio respiratory systems.

By signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack, and death.

By signing this document, I assume all risk for my health and well-being and hold harmless any responsibility of the instructor, facility, or any persons involved with this program and testing procedures. I understand that questions regarding exercise procedure and recommendations are strongly encouraged and welcomed.

Participant Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____

Use of Likeness Photograph Consent Form

I CONSENT to the use of my name/photograph and/or likeness for the purpose of advertising or trade by the Elite Health & Fitness/Elite Sports Inc. or anyone authorized by the Elite Health & Fitness/Elite Sports Inc. to act on its behalf. "My likeness" includes a photograph, digital image or reproduction of such photograph or image. I agree that the photograph or digital image is and shall continue to be the property of Elite Health & Fitness/Elite Sports Inc.

I understand and agree that I will not be compensated in any way for the use of my name and/or likeness by the Elite Health & Fitness/Elite Sports Inc. I also understand that Elite Health & Fitness/ Elite Sports Inc. may incur expenses in connection with the reproduction of my name and/or likeness, and that I am free of any responsibilities from these expenses.

The Undersigned expressly permits and authorizes Elite Health & Fitness/Elite Sports Inc. to use and display my photograph or likeness in any publication, multimedia production, display, advertisement, or World Wide Web publication for the purpose of promoting Elite Health & Fitness/Elite Sports Inc. and its services.

The Undersigned releases and forever discharges Elite Health & Fitness/Elite Sports Inc., its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photograph or likeness, including but not limited to, any claims for invasion of privacy or defamation.

Participant Signature _____	Date _____
Parent/Guardian Signature _____	Date _____

Parent/Guardian & participant please initial each statement below.

I do agree that this program is **NON-REFUNDABLE** and **NON-TRANSFERABLE** for any reason.
 I do agree that if I miss any number of sessions, that I will not receive a pro-rated refund.
 I do agree that I cannot participate in this program until it is paid for in full.

Payment Information

<input type="checkbox"/> Cash Included with Registration Form	\$ _____	
<input type="checkbox"/> Check Included with Registration Form	\$ _____	Check # _____
<input type="checkbox"/> Credit Card Authorization	MC VISA DISC AMEX Card # _____	Exp _____
I, _____, authorize Elite Health and Fitness to take payment by the method indicated above in the amount of \$ _____.		
Account Holder's Signature _____		Date _____

For Staff Use Only Below Line

Program Dates
Amount Paid _____
MC VISA DISC AMEX Check Cash
Staff Initials _____
Date _____

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