

Facilitated Healing Wellness Resource Center

Class Registration/Health Profile/Waiver/Release

Name: _____

Address: _____

Phone: (H) _____ (C) _____ (W) _____

e-mail: _____

Date of birth: _____ Age: _____

Doctors Name: _____ Phone: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: (H) _____ (C) _____ (W) _____

Health Profile:

1. Are you taking any drugs or medications? _____ yes _____ no

Please list: _____

2. Have you ever been told that you have heart trouble? _____ yes _____ no

3. Have you ever had a real or suspected heart attack, heart murmur or stroke? _____ yes _____ no

4. Does anyone in your immediate family have a history of heart disease? _____ yes _____ no

5. Have you ever experienced shortness of breath, irregular heart beat, or had heavy pressure or pain in your chest as a result of physical activity such as climbing a flight of stairs, walking, cycling, etc? (Note: This does not include the normal out-of-breath feeling that results from vigorous exercise.)

_____ yes _____ no

6. Do you have frequent faint or dizzy spells? _____ yes _____ no

7. Have you ever experienced a seizure? _____ yes _____ no

8. Do you ever experience blurred vision while exercising? _____ yes _____ no

9. Do you have high/low blood pressure? _____ yes _____ no

10. Are you diabetic? _____ yes _____ no

11. Do you have a chronic illness? _____ yes _____ no

12. Muscle, joint or back disorder that could be aggravated by physical activity? _____ yes _____ no

13. Advice from a physician not to exercise? _____ yes _____ no

14. Are you currently pregnant? _____ yes _____ no

(OVER)

Waiver/Release:

My Participation in the activity session is voluntary and at my own risk. To the best of my knowledge this information is accurate. I release and take full and sole responsibility for any activity I participate in provided by **Facilitated Healing, LLC**.

I hereby release respective owners, instructors, and assigns from any and all liability for any and all claims, demands, injuries, actions, or causes of action, known or unknown, to my person or property arising out of, resulting from or connected with the use of any of the services, equipment, or facilities provided by **Facilitated Healing, LLC**.

I further understand the activities may involve physical strenuous exercise and risk of bodily injury and I accept full responsibility for any activity I engage in with **Facilitated Healing, LLC**.

I have carefully read and have a full, definite, complete, and clear understanding of the foregoing provisions and freely enter into the within agreement including this waiver/release.

Signature _____ Date _____

_____ Date _____

Signature of Parent or Guardian (for participants under the age of majority)

***NOTE: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the 14 questions.

Signature of Instructor _____ Date _____