



Power Combat Fitness Byron LLC  
1350 Kysor Drive  
Byron IL 61010  
Owners: Michelle Lorenz & Jerry Oleson

### Health Screening Questionnaire

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender M/F

Height \_\_\_\_\_ Weight \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Occupation \_\_\_\_\_

1. Known Disease or Illness (Please List)

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2. Do you have high blood pressure or a pre-existing heart condition Y / N

3. Are you diabetic or have you ever been diagnosed with diabetes Y / N

4. Do you lose your breath easily walking or running Y / N

5. Do you have any reason to believe you are pregnant Y / N

6. Do feel that you are physically capable of high intensity interval training, strength training, and cardio vascular exercise Y / N

7. Are you taking any over the counter, prescription medication, or illegal drugs Y/ N. If yes please list them

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8. Do drink alcohol Y / N. If yes, how often \_\_\_\_\_

9. Do you have any injuries Y / N. Please explain dates and time and extent

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10. Do you have any restrictions from exercise Y / N

11. Do you ever feel dizzy, faint or nauseous during exercise Y / N

12. Have you had any swelling from jumping or running in the knees or back Y / N

13. Have you experienced painful urination after exercise Y / N

14. Have you noticed extreme soreness after physical activity Y / N

15. Do you smoke cigarettes or chew tobacco Y / N

Nutrition:

1. How many meals per day do you eat? \_\_\_\_\_
2. How much water do you consume (oz)? \_\_\_\_\_
3. Do you drink coffee or soda during the day? If so how much? \_\_\_\_\_

Health:

1. How would you rate your overall health on a scale of 1-10 (10 being excellent)? \_\_\_\_\_
2. When was the last time you exercised? What did you do and how did you feel after

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By signing this I declare that I am not taking any illegal or legal medication that will impair my ability to workout. I also certify that I have not been restricted by a medical doctor from participating in a high intensity exercise program. I also understand and agree that Power Combat Fitness has gone over the questionnaire with me and I have been honest and open about my medical history.

Name \_\_\_\_\_ Date \_\_\_\_\_

Trainer \_\_\_\_\_ Date \_\_\_\_\_

Informed Consent, Assumption of Risk, and Waiver of Liability Agreement

I, (hereinafter "Client"), have volunteered to participate in a fitness program and/or fitness advisory services, including but not limited to organized activity classes; instruction; observation; assessments; related activities in a non-supervised setting; and use of facilities, premises, or equipment, provided to me by POWER COMBAT FITNESS, its owners, PCFs, employees, and agents (hereinafter "PCF") either inside or at PCF premises, outside of PCF premises, or inside or outside at other locations, which may include, but is not limited to, resistance training, aerobic or cardiovascular exercise, weights, rowing machines, and Spartan SGX training.

#### Assumption of Risk

I understand that no fitness or training program is without inherent risks. Regardless of the care taken by PCF, they cannot guarantee my personal, physical, or mental safety. For example, when one induces cardiovascular and/or mental stress, which can be severe stress, through activity or training, injuries can range from an occasional minor injury (such as pulled muscles or muscle soreness) to infrequent catastrophic injury (such as hypothermia, death, or paralysis). Additionally, I know that engaging in muscular endurance, strength building, mental endurance, sometimes in harsh conditions, and other fitness activities occasionally result in minor injuries (such as bruises or sprains), infrequent more serious injuries (such as muscle tears, herniated disks, or torn rotator cuffs), and rarely catastrophic injury (such as hypothermia, death, or paralysis). I assume full responsibility and understand that when participating in any exercise, training, or conditioning activity, whether under moderate or severe physical and mental stress, there is always a possibility that minor injuries, serious injuries, or catastrophic injury/death may occur.

#### Client Responsibility

I understand that it is my responsibility to:

- Fully disclose any health issues (including but not limited to diabetes, heart problems, seizures, and asthma) or medications that are relevant to participation in a strenuous exercise program;
- Cease exercise and report promptly any unusual feelings (such as chest discomfort, nausea, difficulty breathing, or apparent injury) during any fitness activity;
- Clear participation with my physician; and
- Acknowledge that I give consent to certain physical touching that may be necessary to insure proper technique and body alignment.

#### Waiver and Release of Liability

Client hereby now and forever releases, discharges, and holds PCF and its respective agents, heirs, assigns, contractors, and employees harmless from any liability to Client for any loss or damage, and forever gives up any and all claims, demands, damages, rights of action, or causes of action, present or future, on account of injury to Client's person or property, including injury leading to the death of Client, whether caused by the active or passive negligence of PCF or otherwise, to the fullest extent permitted by law, arising out of or connected with Client's participation in a fitness program, training program,

and/or fitness advisory services provided by PCF and while Client is in, upon, or about PCF's premises or using any of PCF's services, training, or equipment, even if outside of PCF premises or at other locations.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS RESULT OF (1) EQUIPMENT BELONGING TO PCF OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, OR DROPPING OF EQUIPMENT; (3) NEGLIGENT INSTRUCTION OR SUPERVISION; AND (3) ANY PHYSICAL OR MENTAL STRESS, EVEN SEVERE, THAT MAY RESULT FROM TRAINING OR OTHER PCF ACTIVITIES AND SERVICES.

2 .

#### Severability and Venue

In the event that one or more of the provisions of this Agreement shall become invalid, illegal, or unenforceable in any respect, the validity or legality and unenforceability of the remaining provisions contained herein shall not be affected thereby. This Agreement shall be governed and enforced by the laws of the State of Illinois. Client hereby irrevocably and unconditionally submits to the exclusive jurisdiction and venue of the courts located in Ogle county.

#### Acknowledgement of Understanding

I have read this Informed Consent, Assumption of Risk, and Waiver of Liability Agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to be a complete and unconditional release of all liability for injury resulting from ordinary negligence to the greatest extent allowed by the law in the State of Illinois.

Dated: \_\_\_\_\_ Client's Signature \_\_\_\_\_

(Parent or Legal Guardian)

Please print name \_\_\_\_\_ Dated: \_\_\_\_\_

(Parent or Legal Guardian)