

Registration for Everyday Battles- SCW

Name: _____ Age: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Telephone Number: (Home) _____ (Cell) _____

Email Address: _____

In case of emergency, whom may we contact?

Name: _____ Relationship: _____

Telephone Number: (Home) _____ (Work or Cell) _____

How did you find out about our program? _____

SCW CLASS PERSONAL TRAINING REMOTE COACHING CONSULT

Active History

Are you presently involved in a regular exercise program? Yes No
 If yes, please list activity, duration and frequency (example: power walk for 30 minutes, 4 times per week)

How active do you consider yourself? *(Please circle one)*

Sedentary Moderately Active Highly Active

Please describe your knowledge of exercise and fitness. *(Please circle one)*

Good Fair Poor

Medical History and Present Medical Condition

Check any conditions you currently have or have had in the past five years.

<input type="checkbox"/> Heart Attack; Coronary Bypass	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Foot Problems
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Neck Problems
<input type="checkbox"/> Irregular Heart Beats	<input type="checkbox"/> Swollen, Stiff, or Painful Joints	<input type="checkbox"/> Anemia
<input type="checkbox"/> Migraine/Recurrent Headaches	<input type="checkbox"/> Shoulder Problems	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Back Problems	<input type="checkbox"/> Epilepsy or Seizures	<input type="checkbox"/> Unusual Shortness of Breath
<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Limited Range of Motion in Joints
<input type="checkbox"/> Light-Headedness or Fainting	<input type="checkbox"/> Fatigue or Lack of Energy	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hernia	<input type="checkbox"/> Trouble Sleeping
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Bursitis	<input type="checkbox"/> Chest Discomfort
<input type="checkbox"/> Other (explain below)	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any checked items _____

Please list any medications and/or supplements _____

Health and Fitness Goals

Please check specific health and fitness goals that you want to achieve.

<input type="checkbox"/> Improve Strength	<input type="checkbox"/> Increase Energy
<input type="checkbox"/> Improve Flexibility	<input type="checkbox"/> Reduce Stress
<input type="checkbox"/> Improve Endurance	<input type="checkbox"/> Improve Diet/Eating Habits
<input type="checkbox"/> Improve Muscle Tone and Shape	<input type="checkbox"/> Build Immune System
<input type="checkbox"/> Lose Weight	<input type="checkbox"/> Training for a Specific Sport or Event
<input type="checkbox"/> Gain Weight/Muscle	<input type="checkbox"/> Additional Goals (please list below)

Additional Goals: _____

I do hereby state that I have, to the best of my knowledge and belief, given a correct and accurate history report.

Client's Signature

Date

Agreement and Release

Express assumption of risk:

I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: rhabdomyolysis, falls which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s).

I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at the home of, or under the supervision of Brianna Battles. **I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others. Initials:** _____

Release:

In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available at Brianna Battles' home or other location, I, the undersigned hereby release Brianna Battles, their home, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

If I am signing on behalf of a minor child, I also give full permission for any person connected with Brianna Battles to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child. **Initials:** _____

Indemnification:

The participant recognizes that there is risk involved in the types of activities offered by Brianna Battles. Therefore the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin do further agree to indemnify and hold harmless the home or location of Brianna Battles, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from any negligent or intentional act or omission by myself, the release, or otherwise while participating in activities offered by Brianna Battles. **Initials:** _____

AUTUMO CROSSFIT LOCATION:

If present at the Autumo CrossFit location- I understand that my children are my responsibility while on the property of Autumo CrossFit. Brianna Battles and Autumo CrossFit accept no responsibility or liability for any injury or loss of my children or their property.

Initials: _____

I agree to waive, release, remise and discharge Brianna Battles, MS, CSCS, Autumo CrossFit, officers, agents, representatives and employees of any and all claims, demands, actions or damages resulting from my participation in the SCW class. **Initials:** _____

Photo/Audio/Video Release:

I, the undersigned, do hereby irrevocably consent to and authorize the reproduction, publication, and/or any other use Brianna Battles, its licensees and assigns, of the photographs/audio/video identified below, in whole or part in conjunction with other photographs/audio/video, in any medium and for any lawful purpose, including illustration, promotion, advertising, or web content, without any royalty or compensation to me.

I assign Brianna Battles any and all rights of ownership to the photographs/audio/video, the transparencies or digital files thereof, and agree that Brianna Battles has full right to copyright, use and publish the same in print and/or electronically, with full right of lawful disposition in any manner.

I waive any right to notice, inspection, or approval of any use of the photographs/audio/video which Brianna Battles may make or authorize and I release Brianna Battles, its licensees and assigns, from any claim or liability arising from or in conjunction with Brianna Battles' use of the photographs/audio/video or any alteration, processing, or use thereof in composite form, whether intentional or otherwise.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on my heirs and assigns.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents. **Initials:** _____

I have read and understood the foregoing assumption of risk, release of liability, and photo/audio/video release and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Signature of participant: _____ **Date:** _____

If the participant is under the age of 18,

Signature of Parent or Guardian: _____ **Date:** _____

(Parent/Guardian) Print Name: _____

By registering for this class, personal training, remote coaching or a consultation, you are agreeing to the above terms and conditions.

Client's Name: _____
(please print clearly)

Signature of Client: _____

Date of Signing: _____

***Payment due on the 1st of every month, or at the beginning of the training session/receipt of training program.**

Everyday Battles: Strength and Conditioning. | Brianna Battles, MS, CSCS