

Light of Day Wellness LLC
Participant Health and Medical History Questionnaire

For your safety, please complete the questions below before participating in any class or exercise program.

Date:

Name:

Address/City/State/Zip:

Age/Date of Birth:

Home Phone / Cell / Work Phone:

Email Address:

Emergency Contact Person/Phone #/Relationship:

Best way to contact you if class is cancelled? Phone Text Email

(1) Do you have medical clearance from your doctor to participate in exercise? YES No

It is recommended you consult your physician before doing any exercise program.

(2) Do you currently exercise?: YES No **If yes,** Beginner Intermediate Advanced

(3) What type of physical activity/exercise do you participate in?

(4) What type of cardiovascular exercise do you do daily?

(5) List any recent operations (within 24 months) and dates performed: NONE

(7) Please put an X next to any or all that apply to you:

- Heart Abnormalities Heart Murmur Brain Concussion/Head Injury Epilepsy
- Disease of the Arteries High Blood Pressure Hypertension Total serum cholesterol over 240
- Cancer Lung Disease Diabetes Hypoglycemia Rheumatism Orthopedic Problems
- Injuries to back Injuries to neck Injuries to knees Injuries to ankles Injuries to Shoulder
- Carpel Tunnel Syndrome Arthritis OTHER: Please specify:

(8) Please put an X next to any or all that apply to you and explain/specify below:

- Heart Trouble Heart palpitations Pain in heart or chest Faint or dizzy spells
- Bone or joint problems that can be aggravated by exercise Unaccustomed shortness of breath
- Swollen ankles Smoking Tingling or numbness in elbows, wrist or hands
- Currently pregnant or gave birth in the last 3 months

Please specify or add additional comments (if any): (you may use back of form if needed)

(9) What is the present state of your general health on a scale of 1-10 (1 being worst)?

If you answered yes to one or more medical questions above and you have not recently consulted with your physician it is recommending you do so before beginning this or any exercise program.

I certify that I understand the medical questions and my answers are true and complete. I also understand that this information is being provided as part of my initial health assessment. I assume the risk for any changes in my medical condition that might affect my ability to exercise. I agree to advise any changes in my medical conditions to my trainer during the period of my exercise program. I acknowledge that I have read the foregoing statements and understand that I should consult with my physician before beginning this or any exercise program. If I choose not to consult with my physician I take full responsibility for myself and will not hold Deanna Amodie liable for any injuries or changes in my medical conditions during my exercise program.

Print Name:

Signature:

Date:

**Participant Waiver, Release, and Assumption of Risk Form
Light of Day Wellness, LLC**

This form explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

Waiver, Informed Consent, and Covenant Not to Sue

I have volunteered to participate in a program of physical exercise under the direction of Deanna Amodie (**trainer**) with Light of Day Wellness LLC, which will include, but may not be limited to, weight and/or resistance training and cardiovascular activity. I do here and forever release and discharge and hereby hold harmless Deanna Amodie and Light of Day Wellness LLC, from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting therefrom. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) Equipment that may malfunction or break (2) any slip, fall or dropping of equipment and (3) negligent advisement on my part regarding any medical conditions or physical incapability I may have.

Assumption of Risk

I recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and, in rare instances, death.

I understand that as a result of my participation in an exercise program, I could suffer an injury. I recognize that an examination by a physician should be obtained prior to involvement in any exercise program. If I have chosen not to obtain a physician's permission prior to beginning this exercise program with Deanna Amodie, I hereby agree that I am doing so at my own risk.

In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST Light of Day Wellness LLC and Deanna Amodie or FOR YOUR NEGLIGENCE.

Print name _____

Signature _____ **Date** _____

Light of Day Wellnes, LLC – Small Group Training Session Guidelines

To help create a positive experience for yourself and others, we ask that you please follow the guidelines below:

Signing In: All participants are required to sign –in upon arrival to class. Sign-in sheets will be provided.

What to bring: your mat, water and a towel. Mats and weights are not provided.

Bring a set of 2,3,4 or 5lb weights, if your class requires it. You were advised at registration. It is recommended beginners begin with 2-3lbs and advanced 5lbs.

Footwear: Participants are required to wear sneakers. For your safety there will be no exceptions! If you do not have sneakers with you, you will be asked to forfeit your session for that day. Your session is non-refundable.

Perfumed Body Products: As a courtesy, please avoid applying/wearing perfumes or scented lotions during class. Perfumes combined with body heat and perspiration can be offensive and bothersome to others, especially for those with asthma and allergies.

Class Start Times: Class begins promptly at the start time. Your warm-up is very important to avoid injury and to get your heart rate ready for your workout. For your safety, there will be no admittance 10 minutes after session start. Please do not exit sessions prior to their end time unless absolutely necessary.

Class Cancellation: If I become ill or I am unable to make a class on a particular day, class will be cancelled for that day and you will be advised of a group make-up session. I will contact the group. Please be sure I have all your contact information. If class is cancelled by me for any reason, class will be credited.

Package Cancellation / No Show: Your package is NON-REFUNDABLE once purchased. Missing class is at your discretion. There are no refunds for missed sessions. If you know in advance of a date you will miss please advise me in advance for a credit. If you miss a class for illness, doctor's appointments or a last minute important situation please speak to me directly for a make- up session.

Make-ups must be redeemed within 30 days or they are forfeited. Credits cannot be carried into the next month of sessions. Always advise me if you will miss a class so I can be sure the make-up is noted. If there is no advisement, than it will not be noted as a make-up.

Refunds will be honored if a medical condition or situation occurs, and you are no longer able to participate in the program. Refunds will only be honored with the appropriate documentation from your doctor.

Personal Belongings/Valuables: Please leave valuables at home. *Light of Day Wellness LLC, Deanna Amodie and our class location* will not be held responsible for lost or stolen items.

Thank you for your cooperation and for helping make each class experience a positive one. 😊

Light of Day Wellness LLC

Deanna Amodie / Certified Group Instructor / Personal Trainer

941-218-7887 Call or Text

Email: LightofDayWellness@gmail.com