

If no, how long since you have exercised regularly?: _____

Do you, or have you in the past, had any of the following conditions?

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Muscular pain/cramps |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hernia | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Back pain |
| <input type="checkbox"/> Liver/ kidney disease | <input type="checkbox"/> Heart disease | <input type="checkbox"/> High/ low blood pressure |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Chest pain or tightness | <input type="checkbox"/> Dizziness |

Do you know of **any other reason** why you should not do physical activity?

If you have ticked any of the above boxes, you may need to get a medical clearance from your doctor before commencing this training program.

I am physically capable of, and there is no medical reason to prevent me, participating in any exercise program without endangering my health. I agree to participate in the Inner West Boxing and Personal training program (the Program) at my own risk. I undertake to at all times declare any medical and physical conditions that may affect my participation in the Program. I acknowledge that Inner West Boxing & Personal Training will not be held responsible, to the extent permitted by law, for any loss or injury suffered by me while participating in the Program. I hereby release Inner West Boxing and Personal Training from liability for any injury or loss suffered by me.

Signature _____ Date ____/____/____