

**Functional Fitness, LLC**  
**2868 30<sup>th</sup> Street**  
**Boulder, Co 80301**  
[www.functionalfitnessusa.com](http://www.functionalfitnessusa.com)  
**303-440-1440**

Client Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ text  Work \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Opt in for email reminder

Emergency Contact Name and Phone Number \_\_\_\_\_

**We adhere to a strict 24-hour cancellation policy for sessions  
between trainer / therapist and client**

**(Functional Fitness LLC)**  
**Waiver, Release of Liability and Assumption of the Risks**

**TO BE COMPLETED & SIGNED BY EVERY MEMBER & GUEST USING THE FACILITY OR PARTICIPATING IN A SPONSORED ACTIVITY.**

**HOLD HARMLESS:** APPLICANT HOLDS THIS ORGANIZATION HARMLESS FOR INJURY, DEATH, DISEASE, LOSS OR DAMAGE TO PROPERTY, OR OTHER LOSS TO ANY ENTITY SUFFERED WHILE ON THE PREMISES OR PARTICIPATING IN EVENTS SPONSORED BY IT AS A PARTICIPANT, SPECTATOR, OR IN ANY OTHER CAPACITY.

I hereby release and covenant not to sue the Organization arising out of any loss, injury, damage, or liability described above. "Organization" shall include its owners, shareholders, directors, officers, employees, representatives, agents, and lessors.

- **I am fully aware and understand** that the Organization does not have or contract with any medical services, including emergency cardiovascular assistance.
- **I am also fully aware and understand** that such losses, injury, disability, or death may result from action, inaction, or negligence on my part, on the part of the Organization, on the part of others, the rules of play, or the condition of the Organization's premises and equipment.
- **I agree that immediately prior to participating in any activity** sponsored by or occurring on or away from the Organization's facilities, I will inspect or review action plans, facilities, and equipment to be used. If any defect is apparent, I will notify the management of the Organization of my concerns and not participate in the activity.
- **I further agree that if I am not knowledgeable** in the proper use of any of the Organization's facilities, activities, or equipment I will obtain proper instruction from a qualified individual before I will participate or use the facility or equipment.
- **I further agree to indemnify and hold harmless** the Organization, its owners, shareholders, directors, officers, employees, representatives, agents, lessor, and contract athletic personnel against claims arising from my acts or omissions including activity at or away from the Organization's facilities.
- **I assume all risks** and accept personal responsibility for loss of property, injury, disease, disability, death, consequential, or other form of loss.

**I HAVE READ AND UNDERSTAND THE ABOVE HOLD HARMLESS, INDEMNIFICATION, AND RELEASE. I FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT AND I SIGN IT VOLUNTARILY.**

Any person under the age of 18 years must have a parent or guardian co-sign this form.

**Applicant Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorization By:**

**Organization Representative** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Medical History

Are you allergic to any medications (circle) YES NO Other Items? \_\_\_\_\_

Have you ever had dental anesthesia (Novocain)? Yes No Any bad reaction? Yes No  
Medications you take and Purpose \_\_\_\_\_

Do you or have you had diseases or conditions:

- Bronchitis Yes No Diabetes Yes No
- Emphysema Yes No Thyroid Yes No
- Asthma Yes No Kidney Yes No
- Bladder Yes No High Blood Pressure Yes No
- Back Pain Yes No Gastrointestinal Problems Yes No
- Chest Pain Yes No Arthritis/Joint Deformity Yes No
- Heart Attack Yes No Artificial Joint or Joints Yes No
- Heart Murmur Yes No Convulsions Epilepsy Seizures Yes No
- Leg Swelling Yes No Depression Yes No
- Joint Pain Yes No History or current Blood Clots Yes No
- Pacemaker Yes No
- Fainting Yes No
- Describe Joint or Muscle Issues, Strains and Sprains \_\_\_\_\_

List any other diseases or conditions \_\_\_\_\_

List Surgical Procedures that you have had in last 6 months \_\_\_\_\_

- Do you have problems with healing? Yes No
- Do you have inhibitive (scars)? Yes No
- Do you bleed easily? Yes No
- Do you drink alcohol? Yes No if yes how many drinks per day \_\_\_\_\_
- Do you smoke? Yes No if yes how often \_\_\_\_\_

Female, are you Pregnant? Due Date \_\_\_\_\_ Post Birth Yes No Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Printed Name \_\_\_\_\_ Date \_\_\_\_\_

We will be discussing at length any issues that you have as well as your goals and thoughts. But feel free to add reminders of issues you have or have had on this sheet

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|--|---|
| <p><b>Structural Assessment</b><br/>Poor Motor Pattern= <b>PMP</b><br/>Weak= <b>W</b><br/>Hyper-mobile= <b>H</b><br/>Immobile= <b>IM</b><br/>Unstable = <b>U</b><br/>Swollen = <b>SW</b></p> | <p><b>Pain Assessment</b><br/>Deep<br/>Sharp<br/>Ache<br/>Tension<br/>Burning<br/>Tingling<br/>Numb<br/>Occasional = <b>OCC</b></p> |
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