

BELVEAL MOBILE FITNESS, INC.
dba Mobile Workout

Fitness Program Participant Assumption of Risk

In consideration of volunteering to participate in the Fitness Program offered by Belveal Mobile Fitness, Inc., and its officers, directors, shareholders, employees, contractors, and agents, I, the undersigned participant hereby assume the risk and release Belveal Mobile Fitness, Inc., and its officers, directors, shareholders, employees, contractors, and agents from all liability to myself, my spouse, legal representatives, heirs and assigns, whether said liability is on account of personal injury, medical expense or otherwise, arising out of my participation in the Fitness Program. It is understood that I am in no way releasing Belveal Mobile Fitness, Inc., and its officers, directors, shareholders, employees, contractors, and agents from any actions, which amount to willful or malicious conduct or gross negligence.

I understand that an activity of this type carries a risk of injury and accept the risk for participation. I have fully and accurately completed a health screening form. A physician's examination should be obtained by all before involvement. After having consulted a physician or doctor, I agree to observe all restrictions for exercise that were given by this physician or doctor.

I have been advised and understand that by gradually progressing towards a strenuous exercise program, I will minimize the risk of injury or accident. I further understand that Belveal Mobile Fitness, Inc., and its officers, directors, shareholders, employees, contractors, and agents does not purport to act as my medical advisor and is not qualified to diagnose the medical condition of physical abilities of each of its participants, such as myself. I agree to be fully responsible for monitoring my exercise intensity during each training session, and expressly agree to assume the risk of any injuries or accidents arising out of my participation in the exercise program.

I have read this entire Assumption of Risk and fully understand its terms. I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act.

Participants Name

Signature

Date

POLICIES FOR BELVEAL MOBILE FITNESS, INC. dba Mobile Workout

1. At least 1 month must be paid in advance.
2. If advance payment is not made on the final workout session of the prior sessions, Belveal Mobile Fitness reserves the right to schedule other clients for that time slot.
3. NO REFUNDS
4. The sessions will be valid for three months.
5. Workouts will start and end when scheduled even if the client is late. If the personal trainer is late the session may be extended to include all the clients' time or made up at a different time.
6. Cancellations or time changes must be made 24 hours prior to the scheduled workout regardless of when the scheduled workout was agreed upon. Clients will be charged for cancellations made within this timeframe. The client will not be charged for the workout if the personal trainer cancels within 24 hours.

Participants Name

Date

Signature

Belveal Mobile Fitness, Inc. dba Mobile Workout

Personal Health Screening

Participants Name _____ Date _____

Street Address _____ City, St., ZIP _____

Email

Phone # (H) _____ (C) _____ Sex M _____ F _____ Date of Birth _____

Physician's Name _____ Phone # _____

Person to Contact in Case of Emergency:

Name _____ Relationship _____ Phone # _____

Are you taking any medications or drugs? Y _____ N _____ What? _____

Does your physician know you are participating in this exercise program?

Describe your exercise program now.

Do you now, or have you had in the past:	Yes	No
1. History of heart problems, chest pains or stroke.-----	___	___
2. Increased blood pressure.-----	___	___
3. Any chronic illness or condition.-----	___	___
4. Difficulty with physical exercise.-----	___	___
5. Advice from physician not to exercise.-----	___	___
6. Recent surgery (last 12 months).-----	___	___
7. Pregnancy (now or within last 3 months).-----	___	___
8. History of breathing or lung problems.-----	___	___
9. Muscle, joint, or back disorder, or any previous injury still affecting you.-----	___	___
10. Diabetes or thyroid condition.-----	___	___
11. Cigarette smoking habit.-----	___	___
12. Obesity (more than 20 percent over ideal body weight).-----	___	___
13. Increased blood cholesterol.-----	___	___
14. History of heart problems in immediate family.-----	___	___
15. Hernia or any condition that may be aggravated by lifting weights.-----	___	___
16. Please explain any "Yes" answers below		

Physical Activity Readiness Questionnaire – PAR-Q

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

- | YES | NO | |
|-----|-----|--|
| ___ | ___ | 1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| ___ | ___ | 2. Do you feel pain in your chest when you do physical activity? |
| ___ | ___ | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| ___ | ___ | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| ___ | ___ | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| ___ | ___ | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| ___ | ___ | 7. Do you know of <u>any other reason</u> you should not do physical activity? |

If you answered YES to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want – if you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered NO to all questions:

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Participants Name

Date

Signature