ETHAN

Tel: 858.314.8596
fitness@ethancarter.com

GENERAL INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile: _____ E-Mail: _____

DOB: _____ Age: _____ Gender: _____

EMERGENCY INFORMATION

Contact Name: _____ Relationship: _____

Contact's Tel: _____

PERSONAL MEDICAL HISTORY

Please indicate if you *now have* or *have had* any of these conditions:

General:

- ☐ Anemia
- ☐ Cancer
- ☐ Chest Pain/Discomfort
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Excessive Fatigue
- ☐ Heart Disease
- ☐ Heart Murmurs
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Irregular Heart Rhythm
- ☐ Paralysis
- ☐ Pregnant
- ☐ Respiratory Disorders
- ☐ Stroke
- ☐ Other: _____

Musculoskeletal Problems:

- ☐ Arthritis
- ☐ Back Problems
- ☐ Balance Problems
- ☐ Former Injuries (Please list)
- ☐ Fractures
- ☐ Joint Replacements
- ☐ Knee/Hip Problems
- ☐ Muscle Pain
- ☐ Muscular Weakness
- ☐ Painful Joints
- ☐ Swollen Joints
- ☐ Other: _____

Please list any medications that you are ***currently*** taking: _____

_____

_____

Do you currently smoke? Yes ☐ No ☐

FAMILY MEDICAL HISTORY

Have any of the following conditions been present in a blood relative? Please indicate if any of your parents, grandparents, aunts, uncles, or siblings *now have* or *have had* any of these conditions:

- ☐ Cancer
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart Attack
- ☐ Heart Surgeries
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Obesity
- ☐ Stroke
- ☐ Other: _____

PHYSICAL ACTIVITY HISTORY

Please indicate the type and amount of exercise or activity that you do regularly:

- ☐ Aerobics
- ☐ Basketball
- ☐ Bicycling
- ☐ Dancing
- ☐ Golf
- ☐ Hiking
- ☐ House and/or Yard Work
- ☐ Martial Arts
- ☐ Pilates
- ☐ Racquetball
- ☐ Running
- ☐ Skiing
- ☐ Snow Boarding
- ☐ Stretching
- ☐ Swimming
- ☐ Tennis
- ☐ Walking
- ☐ Weightlifting
- ☐ Yoga
- ☐ Other: _____

INFORMED CONSENT & LIABILITY WAIVER RELEASE

I have been informed of associated risks with any exercise and it is my desire to participate. I have informed Ethan of any relevant information regarding my physical condition which may affect me during or following our sessions. Furthermore, I will inform Ethan of any change in my condition.

I agree that Ethan Carter is not responsible for any injuries sustained by me during my exercise sessions. I hereby release Ethan Carter and all parties involved from any responsibilities.

_____

eSignature of Participant

_____

Print Name

_____

Date