

Medical History, Release of Liability & Informed Consent



Elite Program: _____

Participant Information

Name _____ DOB: _____ Sex: M / F
Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____ Referred by: _____
Emergency Contact Name & Phone: _____ Relation to Participant: _____
Sport(s): _____ School Name: _____ Grade in School: _____
Primary Care MD: _____

Participant Medical History & Modified Physical Activity Readiness

Regular exercise is associated with many health benefits, yet any change in activity may increase risk of injury. Completion of this questionnaire will help with your involvement in any of Elite's Programs. Please read and answer each question carefully, honestly and to the best of your ability.

- | | |
|----------|--|
| Yes / No | 1. Do you have any medical problem(s) that may prevent you from participating in any strenuous physical activity?
If yes, please explain: _____ |
| Yes / No | 2. Do you have chest pain when resting or performing daily activities? |
| Yes / No | 3. Do you have chest pain when participating in physical activity? |
| Yes / No | 4. Have you ever been told by a physician <i>not</i> to participate in physical activity? |
| Yes / No | 5. Have you ever lost consciousness or balance because of dizziness? |
| Yes / No | 6. Have you ever been told by a physician you have high or low blood pressure? |
| Yes / No | 7. Do you have a family history of heart disease? |
| Yes / No | 8. Do you have insulin dependent diabetes? |
| Yes / No | 9. Do you smoke? |
| Yes / No | 10. Are you pregnant or is there any chance you may be pregnant? |
| Yes / No | 11. Are you 69 years of age or older and not used to being active? |
| Yes / No | 12. Do you have any joint, bone or orthopedic problem(s) that may limit or be made worse by exercise?
If yes, please explain: _____ |
| Yes / No | 13. Are you currently prescribed and/or taking medication(s)?
If yes, please list: _____ |
| Yes / No | 14. Do you know of any other reason you should not exercise or increase physical activity? |
| Yes / No | 15. Is there anything not mentioned above that Elite should be made aware of? (for example: allergies)
If yes, please specify: _____ |

If you answered "yes" to any of these questions, talk with a physician BEFORE becoming an active participant in any of Elite's Programs. By signing below, you have either honestly answered "no" to all questions above or have medical clearance to participate in this program.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Informed Consent

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise which can enhance the musculoskeletal and cardio respiratory systems.

By signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack, and death.

By signing this document, I assume all risk for my health and well-being and hold harmless any responsibility of the instructor, facility, or any persons involved with this program and testing procedures. I understand that questions regarding exercise procedure and recommendations are strongly encouraged and welcomed.

Participant Signature _____	Date _____
Parent/Guardian Signature _____	Date _____

Use of Likeness Photograph Consent Form

I consent to the use of my name/photograph and/or likeness for the purpose of advertising or trade by Elite Sports Inc. or anyone authorized by Elite Sports Inc. to act on its behalf. "My likeness" includes a photograph, digital image or reproduction of such photograph or image. I agree that the photograph or digital image is and shall continue to be the property of Elite Sports Inc.

I understand and agree that I will not be compensated in any way for the use of my name and/or likeness by Elite Sports Inc. I also understand that Elite Sports Inc. may incur expenses in connection with the reproduction of my name and/or likeness, and that I am free of any responsibilities from these expenses.

The Undersigned expressly permits and authorizes Elite Sports Inc. to use and display my photograph or likeness in any publication, multimedia production, display, advertisement, or World Wide Web publication for the purpose of promoting Elite Sports Inc. and its services.

The Undersigned releases and forever discharges Elite Sports Inc., its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photograph or likeness, including but not limited to, any claims for invasion of privacy or defamation.

Participant Signature _____	Date _____
Parent/Guardian Signature _____	Date _____

Parent/Guardian & participant please initial each statement below.

I AGREE this program is NON-REFUNDABLE and NON-TRANSFERABLE for any reason.

I AGREE if I miss any number of sessions, that I will not receive a pro-rated refund.

I AGREE I cannot participate in this program until it is paid for in full.

Elite Sports Performance & Physical Therapy

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