



HEALTH HISTORY BRIEF

_____ Date: _____
 Name: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 _____ Birth Date: _____

Are currently taking any medications? Y N What?

Describe your current exercise program.

Do you have or have you had?			Please describe.
History of heart problems, chest pain or stroke.	Y	N	
Increased blood pressure.	Y	N	
Any chronic illness or condition.	Y	N	
Difficulty with exercise.	Y	N	
Advice from physician not to exercise.	Y	N	
Serious surgery, illness or injury in the past 12 months.	Y	N	
Pregnancy within the past 3 months.	Y	N	
History of breathing or lung problems.	Y	N	
Muscle, joint or back disorder, or previous injury that still affects you.	Y	N	
Diabetes or thyroid condition.	Y	N	
Cigarette or other smoking habit.	Y	N	How long? __
Obesity (more than 20 percent over ideal body weight).	Y	N	
Increased blood cholesterol.	Y	N	
History of heart problems in immediate family.	Y	N	
Hernia, or any condition that may be aggravated by lifting weights.	Y	N	
Any thing else we should be concerned about.			

Please list your goals when working with your trainer/instructor:

858-715-8611 **Fax: 858-715-8681**
3658 Ruffin Rd.. Ste. F, San Diego, CA 92123

Fit-X San Diego is a division of Island Fitness Express, Inc.



A Division of Island Fitness Express, INC.

**One-On-One
And
Group Fitness
Provider**

3658 Ruffin Road, Suite F
San Diego, CA 92123

e-mail

fitx@fitxsandiego.com

web page

www.fitxsandiego.com

fax #

858-715-8681

San Diego County

619-209-2800

Corporate

Residential

Private

In-Home

Fitness Fun
For All Ages, Shapes
and Sizes.

A Division of
**Island Fitness
Express Inc.**

Agreement and Release of Liability

1. In consideration of being allowed to participate in the activities and programs of Fit-X San Diego and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Fit-X San Diego and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself including those caused by the neglect act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Fit-X San Diego a division of Island Fitness Express, Inc., or the use of any equipment or facilities at all Fit-X San Diego/Island Fitness Express, Inc. Service Sites. Please initial_____

2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
Please initial_____

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment of machinery except as hereinafter stated._____

I do hereby acknowledge that I have been informed of the need for a physician approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that is has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to the physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my doctor's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume responsibility for my participation and activities, and utilization of equipment and machinery in my activities with Fit-X San Diego a division of Island Fitness Express, Inc.at all service sites.

Date: _____

Signature: _____

Printed Name: _____