



## Pre-Activity Form

In preparation for physical activity, please tell us about ALL of your existing medical and physical conditions, and who to contact in an emergency. It is your responsibility to complete this form before participating in any physical activity.

For any conditions that can be affected by exercise, you may be asked to consult your doctor and obtain a written medical clearance to exercise. Please give this clearance to your trainer. The information contained will be treated as confidential and only revealed to relevant trainers (staff) for your safety. Please note that it is your responsibility to inform us of any changes in your medical or physical condition during training at Alchemy Fitness

Client Name:

Mobile:

Email:

Emergency Contact:

Do you have any of the following conditions Circle either yes or no

Y	N	Arthritis	Y	N	Heart problems/disease
Y	N	Asthma	Y	N	High cholesterol
Y	N	Diabetes	Y	N	Stroke
Y	N	Epilepsy	Y	N	Family history of heart disease or stroke
Y	N	Osteoporosis	Y	N	High or low blood pressure (please circle)
Y	N	Dizziness	Y	N	Any other conditions? Please describe below
Y	N	Chest pain			

Do you have, or have you had, any joint problems, pains or injuries in any of the following regions (circle if applicable):

Ankles/feet	Shoulders	Muscular Pain	Knees	Neck
Hips/pelvis	Elbows	Lower Back	Wrists	

Are you currently taking any medications? Y      N please describe

Are you pregnant or have recently been pregnant?

Are you currently exercising:

What type?

How hard? Please circle: Easy/light                      Moderate                      High                      Intensity/Hard

How many times per week?

If no, Have you in the past?      Yes      No      If yes, what type?

### **Exercise Waiver**

I understand that I may participate in physical activities under the direction of Alchemy trainers which will include but may not be limited to:

Weight Training and/or resistance training

Walking/ jogging/ running

Cardiovascular training

Exercise bands, stretching and abdominal work

I understand that there are risks that may be associated with any exercise program, I will inform Alchemy Trainers of any symptoms during my participation in the physical training sessions such as fatigue, shortness of breath, chest discomfort or any pain or discomfort for my safety and benefit.

I acknowledge that any type of exercise involves a risk of injury. Alchemy will not be liable for any injuries or damage.

I agree that Alchemy shall not be responsible or liable for any articles lost or stolen during a training sessions at Alchemy.

I acknowledge that I have read this document in its entirety and understand the above.

Signature

Date

Terms and Conditions- Payment, Cancellation and Lateness

I ACKNOWLEDGE AND AGREE THAT ANY PERSONAL TRAINING PACKAGES PURCHASED ARE NON-REFUNDABLE

I ACKNOWLEDGE THAT IF I AM MORE THAN 15 MINUTES LATE MY SESSIONS MAY BE CANCELLED AND I WILL BE CHARGED FOR THAT SESSION

I ACKNOWLEDGE THAT PAYMENT IS REQUIRED BEFORE ANY SCHEDULED SESSION THESE CAN BE PURCHASED INDIVIDUALLY OR IN BLOCKS OF SESSIONS

I ACKNOWLEDGE THAT MY APPOINTMENT TIMES ARE RESERVED AND CANCELLATIONS MUST BE MADE AT LEAST 24 HOURS IN ADVANCE –TRAINERS ARE PERMITTED TO USE THEIR DISCRETION UNDER CERTAIN CIRCUMSTANCES OTHERWISE NO REFUND WILL BE GRANTED FOR MISSED OR LATE SESSIONS

I ACKNOWLEDGE THAT PT SESSIONS EXPIRE AFTER 3 MONTHS

I ACKNOWLEDGE THAT CHARGES WILL NOW APPLY TO MY ACCOUNT FOR GROUP CLASS NO-SHOWS OR LATE CANCELS (\$20 PENALTY)

I ACKNOWLEDGE THAT I AM OBLIGATED TO FULFILL MY ANNUAL MEMBERSHIP COMMITMENT. CANCELLATION OF MY ANNUAL MEMBERSHIP WILL INCUR A 2 MONTH PENALTY (\$360 PENALTY)

I ACKNOWLEDGE THAT A 30 DAY EXTENSION WILL BE GRANTED UNDER CERTAIN CIRCUMSTANCES BY THE DISCRETION OF MANAGEMENT AT THE REQUEST OF CLIENT

By signing this document, I agree to be bound by the terms and conditions.

Signature

Date