

State of the Heart Fitness HeartRunners Registration Form

Date: _____

Name: _____

Age: _____ Gender: M F

Address: _____

City: _____ Zip _____

Email address: _____

Phone #: _____

Payment: \$75 New Participant or \$65 Returnee Cash Check
(circle one)

If paying by check, please make check payable to: State of the Heart Fitness

____ Initial: I understand that payment is due by the beginning of the 1st session & payment is for the full 6weeks. I also understand there is no pro-rating for planned or unplanned absences.

PAR-Q FORM

Please mark YES or No to the following:

YES NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? _____

Do you frequently have pains in your chest when you perform physical activity? _____

Have you had chest pain when you were not doing physical activity? _____

Do you lose your balance due to dizziness or do you ever lose consciousness? _____

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? _____

Are you pregnant now or have given birth within the last 6 months? _____

Have you had a recent surgery? _____

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No

Please list any health concerns (including any orthopedic concerns):

RELEASE OF LIABILITY

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 in these activities or use of equipment. I understand and am aware that strength, flexibility, and aerobic exercise including hiking, are potentially hazardous activities. I am voluntarily participating in these activities and hiking with full knowledge, understanding the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. I do hereby forever waive, release, and discharge State of the Heart Fitness, Inc. and the Loews Santa Monica Beach Hotel, and their officers, agents, employees, representatives, instructors, trainers, and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property.

Print Name

Signature