



Personal and Small groups Rising Bellies

PROGRAM REGISTRATION

Commencement Date: Number of weeks pregnant:
Due Date:

PERSONAL DETAILS:

Name: D.O.B: Sex M/F
Address: P/C
Phone: Email:
Profession: Height:
Emergency Contact: Phone:
Doctors Name/ Midwife: Phone:

LIFESTYLE AND EXERCISE QUESTIONNAIRE

Exercise History: (Circle the most correct)

Do you currently engage in exercise?	Yes	No	
If yes, how many sessions per week?	1-3	3-5	>5
How long on average are the sessions?	<30min	>30min	>1hr

§ What activities (if any) do you currently engage in?
.....
.....

§ How would you rate your activity at work? (circle one)

- Largely inactive (desk job)
- Lightly active (Teacher, housework)
- Heavily active (brick layer)

§ Do you have any previous background with sport or activities? Yes No
Explain.....

§ Do you have any concerns / queries regarding commencing a new exercise program? Yes No
Explain

§ Listed below are several goals that can be achieved with regular exercise.
How important are they to you? (From a score of ten. 1 = Very important 10 = Least important)

- Feel healthier (all round fitness).....
- Improve muscle tone.....
- Improve posture
- Improve flexibility
- Improve core stability.....
- Improve pelvic floor
- Improve ability to cope with stress.....
- Improve social life.....

§ What type of exercise interests you? (Circle one or a few)

- | | |
|----------|---------|
| Walking | Running |
| Swimming | Cycling |
| Circuits | Weights |
| Aerobics | Other: |

§ Do you have any other comments/ suggestions regarding the development of your exercise program?
.....
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PRE- EXERCISE SCREENING QUESTIONNAIRE

Known Diseases or Injuries

- | | | |
|---|----|-----|
| 1. Are you taking medication?
Please specify | No | Yes |
| 2. Do you currently have an injury or suffer from pain?
Please specify | No | Yes |
| 3. Have you had a stroke, heart attack or other heart related problems?
Please specify | No | Yes |
| 4. Have you had problems with dizziness or fainting? | No | Yes |

5. Do you often have pains in your heart and chest, especially with exercise? No Yes
6. Do you experience shortness of breath, perhaps during light exercise? No Yes
7. Do you have Diabetes? No IDDM NIDDM
Please specify
8. Do you suffer from a degenerative disease (osteoarthritis, osteoporosis)? No Yes
9. Do you have a liver or kidney disease? No Yes
10. Are you Pregnant? No Yes
11. Do you suffer from asthma attacks? No Yes
12. Do you experience swelling or accumulation of fluid around the ankles? No Yes
13. Have you had surgery in the last year? No Yes
Please specify
14. Do you have any primary health concerns before you start the exercise program?
.....
.....
.....

Cardiac Risk Factors

15. Do you smoke? No Yes
If yes, how many do you smoke each day on average?
If no, have you quit in the last two years? No Yes
16. Do you have a close relative (i.e. father, mother, brother or sister) who has had a heart attack, stroke or cardiovascular disease under the age of 60? No Yes
If yes, what relation was this person (e.g. Father, sister)
17. Do you have high blood pressure? No Yes
18. Do you characterise your lifestyle as being sedentary? No Yes

If you have answered YES to two or more of the above cardiac risk factors, then you must see a doctor for a medical clearance before starting the exercise program.

19. Do you know your Blood Pressure?/..... No Yes
20. Do you know your cholesterol levels? No Yes

Please circle all that apply:

- | | |
|-----------------------|--------------------------|
| Dizziness or fainting | Back pain |
| Chest pain | Arthritis |
| Shortness of breath | Knee or other joint pain |
| High blood pressure | Shin splints |

Coronary heart disease
Any known heart problems
Stroke
Heart murmur
Raised cholesterol
Stomach ulcers
Rheumatic fever

Muscle pain
Hernia
Asthma, emphysema, bronchitis
Liver or kidney problems
Glandular fever
Gout
Epilepsy

If you answered YES to any of the above please provide details:

.....
.....

Has a doctor imposed any activity restrictions? If so, please describe:

.....
.....

Please indicate any other medical conditions or activity restrictions that you may have. It is important that this information be as accurate and complete as possible.

.....
.....

I have answered all questions honestly and completely to the best of my ability.

SignatureDate.....



Rising Bellies Terms and Conditions

IMPORTANT- This document will affect your legal rights, READ IT CAREFULLY

PERSONAL DETAILS:

Name: Age: Sex M/F

Address: P/C

Mobile:..... Email:

Emergency Contact 1: Contact 2:

Is the participant taking any medication, have any injuries or illnesses?

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REFER A FRIEND

Is there someone you'd like to share the 'Rise' experience with?

Bring a friend along to your next session and receive a free session yourself.

Name: Phone:

Program Interest (circle): Outdoor Fitness Pram Pushers Rising Bellies Personal Training

Acknowledgement of Risks, Injury and Obligations

I acknowledge that the activities I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks.

I acknowledge and understand that whilst participating in such activities;

- § I or my pre- born baby may be injured, physically or mentally, or may die;
- § My personal property may be lost, damaged or stolen;
- § Other people participating in such activity may cause me injury or may damage my property;
- § I or my pre- born baby may cause injury to other persons or damage their property;
- § The conditions in which the activity is conducted may vary without warning;
- § I or my pre- born baby may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of Rise Fitness;
- § There may be no or inadequate facilities for treatment or transport of me if we are injured;
- § I am aware that Rise Fitness staff or contractors are not medical practitioners or midwives and that they cannot provide advice as medical practitioners or midwives;
- § I am aware that I should seek medical advice from a medical practitioner or midwife before participating in the activity;

- § I am aware that certain medical problems may arise if I undertake and participate in the activities without advice from a medical practitioner or midwife beforehand;
- § I acknowledge that I or my pre- born baby may suffer injury whilst merely observing or being in proximity to the sight where the activities are being carried out;
- § I agree that I will abide by the rules and follow instructions when participating in the various activities on the site of Rise Fitness and as instructed offsite;
- § I agree to indemnify Rise Fitness against and save it harmless from any and all damages, actions, claims, judgments, cost of litigation, damage to the equipment of Rise Fitness and the owners property;
- § I agree that this agreement shall apply to my participation in any and all Rise Fitness activities and programs, including, early riser, late riser, pram pushers, Rising Bellies Personal Training and Saturday circuit sessions and activities directed by any representative of Rise Fitness. This agreement shall apply to all future visits to Rise Fitness.

Release and Indemnity

In consideration of Rise Fitness permitting me to participate in activities, I agree to release and indemnify Rise Fitness as follows;

- § I participate in the activity at my sole risk and responsibility;
- § I release, indemnify and hold harmless Rise Fitness, it's servants, agents, from and against all and any actions or claims which may be made by me or on behalf or by other parties for or in respect of or rising out of injury, loss, damage or death caused to me or my child, my property whether by negligence, breach of contract or in anyway whatsoever.

I also agree that in the event that I or my pre- born baby is injured or suffer damage, I will bring no claim, legal or otherwise against Rise Fitness in respect of that injury or damage.

BY SIGNING THIS AGREEMENT, YOU ASSUME ALL RISKS AND AGREE TO WAIVE YOUR LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Payment and Cancellation Policy

Payments for the unlimited sessions or flexi pass are all non- refundable. Full payment of the programs must be made before or on the first day of your program.

Payments can be made by cash or cheque. Cheques should be made out to **Rise Fitness**.

Please put your payment in an envelope with your name and program on it.

Conditions for 10 Visit Flexi Pass:

- § 10 visit flexi passes are valid for 4 months,
- § Clients must give at least **TWO** hour notice before canceling a session, otherwise that session is counted.
- § Rising Bellies 10 Visit Pass can roll over into Pram Pushers (Remaining sessions are valid for 6 months).

Conditions for all Programs:

- § One off program fee of \$30 applies to all Rise Fitness programs. It includes medical pre screening, Rise Fitness water bottle and fitness cap.
- § No casual sessions for any classes, except Personal Training.

I have read and understood the terms of payment and cancellation policy and agree to its conditions.

YOU SHOULD NOT SIGN THIS DOCUMENT UNLESS YOU HAVE READ IT AND UNDERSTAND ITS TERMS AND CONDITIONS.

By signing this waiver, assumption of risk, terms and conditions and release, I acknowledge its contents and agree to be bound by its terms and conditions. I agree to the terms of release and understand that any and all risks, whether known or unknown, are expressly waived in advance. I agree that my participation in any or all activities is covered by insurance to cover any injury or damages to myself or others. I have signed this document freely and voluntarily without any inducement.

Participants Signature Date Signed

YOU SHOULD NOT SIGN THIS DOCUMENT UNLESS YOU HAVE READ IT AND UNDERSTAND ITS TERMS AND CONDITIONS. BY SIGNING THIS AGREEMENT, YOU ASSUME ALL RISKS AND AGREE TO WAIVE YOUR LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Participants under the age of 18 at the time of registration must also have a parent or legal guardian sign below. This is to certify that I, as parent/ guardian, with legal responsibility for this participant, do consent and agree to his/her release as provided above.

I release and indemnify Rise fitness from any and all claims, actions, demands and liabilities arising from my minor child's participation in the selected activities. I agree to all the terms and conditions above.

Parent/guardian Signature..... Date Signed.....
