

Health History

Today's Date _____ Program Name _____ Starting Weight: _____

Your Name _____ DOB _____

Phone Number _____ Email _____

Mailing Address _____

Are you under any medical care or supervision now? _____

If yes, explain _____

Are you currently pregnant? Yes No

WHAT ARE YOUR HEALTH CONCERNS?

WHAT ARE YOUR HEALTH INTERESTS & GOALS?

Waiver

By signing this document, I acknowledge that I have carefully read and understood the paragraphs below:

It is my choice to participate in the Programs offered by Enliven Wellness Works, Inc. Participation is completely voluntary, and I accept all responsibility for my health and any resultant injury or mishap that may affect my health or well-being in any way. I agree to hold harmless of any responsibility, my employer and its parent and/or affiliated companies, Enliven Wellness Works, Inc, its contractors and affiliates, the instructors, officers, employees, and any and all personnel involved with this program or training procedure. I understand that the Program may include suggestions on exercises, stretching, nutrition coaching, and relaxation techniques for motivation and goal achievement, and that no clinical, pain, psychological, or mental health issues are addressed, other than by referral from a physician or licensed professional. I understand that it is my sole decision to implement any information covered in the classes.

I have been made aware of the importance of providing accurate health information, including medical history, medical conditions, and/or medical concerns to the Enliven Wellness staff and/or instructors prior to beginning a Program. I understand that it is my responsibility to provide such information and I will be responsible for providing any changes in this information in a timely manner. I further understand that failure to provide such information may increase potential dangers resulting from participating in the Program.

No one but myself is responsible for judging whether or not I am in an appropriate physical or mental condition to safely participate in the Program and I understand that it is my responsibility to decide whether or not to participate and, although a recommendation may be made by someone else, the decision is entirely my choice. I hereby state and represent that I am in good physical and mental health and am able to withstand the physical and mental stresses inherent in the activities contemplated by this waiver.

By signing below, I warrant that I have read and understood this waiver, and I agree to be bound by each of these statements and waivers and further agree to subject myself to the jurisdiction of Florida courts and be bound by Florida law.

Signed: _____ Date: _____

Enliven Staff Member _____ Date: _____