



*If you want results fast, give your body a blast!!*

Body Blast Boot Camp

19 N. Bacton Hill, Malvern PA 19355

Phone #: 484.459.9268

Facebook: [facebook.com/BodyBlastBootCamps](https://www.facebook.com/BodyBlastBootCamps)

## Body Blast Boot Camp Pre-activity Questionnaire & Consent form

### Personal Information

Given Names \_\_\_\_\_ Surname \_\_\_\_\_

Address (postal) \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone Numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (Mob) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ (Must be over 18 yrs of age) Male  Female

In Case of Emergency, Contact name \_\_\_\_\_ Ph \_\_\_\_\_

### Medical Information (All medical information is held confidential at Body Blast Boot Camp)

*Do any of these apply to you right now?*

A current illness (eg, flu, fever etc).....  Yes  No Asthma.....  Yes  No

Heart condition (pain or tightness in chest ...  Yes  No Diabetes.....  Yes  No

Epilepsy, fits or blackouts.....  Yes  No Arthritis.....  Yes  No

High blood pressure.....  Yes  No Joint damage.....  Yes  No

Circulatory problems.....  Yes  No Back problems.....  Yes  No

Sedentary life style.....  Yes  No Do you Smoke.....  Yes  No

*If you answer Yes to any of the following questions, please give detail...*

Do you have any current or pre-existing injuries that may restrict you in any way?  Yes  No \_\_\_\_\_

Are you currently taking prescribed medication?  Yes  No \_\_\_\_\_

Have you recently been hospitalized?  Yes  No \_\_\_\_\_

Do you have, or have you recently had any infectious diseases?  Yes  No \_\_\_\_\_

Are there any other conditions you have, which may affect your activity program?  Yes  No \_\_\_\_\_

\_\_\_\_\_

**Exercise History & Goals in brief:**

Have you exercised in the past?  Yes  No. If yes, at what level? \_\_\_\_\_

\_\_\_\_\_

Are you currently exercising?  Yes  No. If yes, what, where & how many times per week? \_\_\_\_\_

\_\_\_\_\_

Are you achieving your goals?  Yes  No.

What are your main goals in this Body Blast Boot Camp?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Disclosure of Medical Conditions**

I represent and warrant to Body Blast Boot Camp that I have disclosed details of any medical condition I have and of all recent medical treatment received by me. I have read the questions/information, understand it and any questions which may have occurred to me have been answered to my satisfaction.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Indemnity and Risk Waiver**

WHEREAS in consideration of the permission extended to me to enroll in a class given by Body Blast Boot Camp, I hereby assume full responsibility for all risks involved in taking the class, and I do hereby for myself, my heirs, executors and administrators, release TMAC Industries LLC, its officers, agents, employees and trainers, Great Valley Community Organization, its officers, Board of Directors, agents and employees and Frazer Industrial Park, its officers, agents and employees from any and all claims, demands, actions or causes of action on account of any injury to me which may occur from any cause while I am participating in the aforementioned class.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***CAN YOU SURVIVE THE BLAST???***

Signature of Body Blast Fitness Staff \_\_\_\_\_ Date \_\_\_\_\_