



Please fill this form out as completely as possible. The first section serves to inform Keith Kemp about your physical condition and your goals. The second portion is a waiver that must be signed before you can start training with 2K Knockout Fitness.

Name: _____

Phone Number: _____

Age: _____

Weight: _____

Occupation: _____

MEDICAL HISTORY:

Do you now or have you had in the past:

	<u>Yes</u>	<u>No</u>
History of heart problems, chest pain or stroke?		
Increased Blood Pressure?		
Recent Surgery (past 12 months)?		
Pregnancy (now or within the last 3 months) or lactating?		
Diabetes or Thyroid Condition?		
Increased Blood Cholesterol?		
Use of tobacco products?		
Hernia or any torn or severely pulled muscles?		
Muscle, joint or back disorder, or any previous injury still affecting you?		
Asthma or any other breathing difficulties?		
Other?		

Are you currently taking any medications? If so, what kind? _____

Emergency Contact Name & Phone Number: _____



EXERCISE HISTORY

What kind of exercise have you been doing recently?

What type of exercise have you done in the past? (including sports, weight training & cardiovascular)

How much time are you committed to working out each week? _____

What are your goals?

What is the timeframe to achieve these goals?

EXERCISE WAIVER

I have been advised by 2K Knockout Fitness of the medical and physical risks associated with this program. I hereby waive and release 2K Knockout Fitness from any cost, liability, claims or expenses, including lawyer fees and court costs arising from my participation in this exercise program.

By signing, I agree that I will be participating in programs with 2K Knockout Fitness at my own risk and will not hold 2K Knockout Fitness responsible for any illness or injuries I may receive. I have read and understand the above mentioned conditions of the waiver/release form

Signature _____ Date _____

Name Printed _____