



equilibrium lifestyle management

ELM Program Registration Form

Program Name: _____ Dates: _____

Name of Participant: _____

Mailing Address: _____ Postal Code: _____

Phone Number: Day _____ Eve _____

Email Address (for ELM use only): _____

Birthdate and Age: _____

Medical Conditions, Allergies & Medications: _____

Do you carry a ventilator, epi-pen or any medication for illness or allergies?

YES _____ NO _____ Type _____

If YES, where? _____

Emergency Contact Name and Number: _____

Please list your goals for this program: _____

How did you hear about this program? _____

By signing below I verify that the information provided on this form is accurate.

Signed: _____ Dated: _____

Payment Information

Cost: _____ 12% H.S.T: _____ Total Paid: _____

Method of Payment: _____ Cheques payable to Equilibrium.

Our cancellation policy is as follows: full refund, less \$10 administration fee, up to one week prior to the course date, 50% refund up to 24 hours prior to course date, no refunds less than 24 hours prior to course date.

FITNESS ADVENTURES





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INFORMED CONSENT & RELEASE OF LIABILITY

NAME: _____

ADDRESS: _____

PURPOSE AND EXPLANATION OF PROCEDURES:

I, _____ hereby consent to voluntarily use some or all of the activities, facilities, programs and services offered by Equilibrium Lifestyle Management. I provide my consent to the voluntary use of my image and/or testimonials by Equilibrium Lifestyle Management for marketing and other business purposes.

In this agreement the term "Programs" shall include but is not limited to fitness testing and fitness training activities for cardiovascular and muscular health, trail running, road running, hiking, mountain biking, road biking, indoor cycling, weight training, as well as education regarding stress management, nutrition, health, fitness and recreation.

I acknowledge it has been recommended to me by Equilibrium Lifestyle Management that I be examined by a physician of my choice and obtain his/her approval for my participation in the Program prior to beginning. If I am taking prescribed medications, I have already so informed Equilibrium Lifestyle Management and further agree to so inform my trainer promptly of any changes which my doctor or I have made with regard to use of any medications or change in my medical status.

An Equilibrium Lifestyle Management trainer will direct my activities, monitor my performance, and otherwise evaluate my effort. I understand that I am expected to follow the trainer's instructions with regard to my exercise and health and fitness related programs. I have been informed that during my participation in the above described Program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the trainer of my symptoms. I hereby state that I have been so advised and agree to inform the trainer of my symptoms, should any develop.

I understand that during the performance of exercise, the trainer will periodically monitor my performance, which may include: measuring my pulse, blood pressure or assessing my feelings of exertion for the purposes of monitoring my progress. I also understand that the trainer may reduce or stop my exercise program, when any of these findings so indicate that this should be done for my safety and benefit.

I understand that during the performance of the Program, physical touching and positioning of my body by the trainer may be necessary to assess my muscular and bodily reactions to specific exercises, as well as ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

INHERENT RISKS

It is my understanding and I have been informed that there exists the possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, physical dizziness, disorders of heart rhythm, and less likely heart attack, stroke or even death. I further understand and have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons and joints of the body. I have been advised that appropriate efforts will be made to minimize these occurrences by proper assessments of my condition, trainer supervision and by my own control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, and knowing these risks it is my desire to participate as herein indicated.

INQUIRIES

I have been given the opportunity to ask questions regarding the procedures of the Program and I have received satisfactory answers to those questions.

RELEASE OF LIABILITY AND WAIVER

I agree that Equilibrium Lifestyle Management shall not be liable or responsible for any injuries to me resulting from my participation in the Program (whether at home or a health club, outdoors or other public places, or corporate, commercial, residential or other fitness facility) and I expressly release and discharge Equilibrium Lifestyle Management, its owners, employees, volunteers, independent contractors, agents and/or administrators or assigns (hereinafter referred to as the "Releasees") from any claims, suits and the like of as a result of any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer arising out of, or connected with, my preparation for or participation in any activities associated with Equilibrium Lifestyle Management, including negligence, breach of contract, or breach of any statutory or other duty of care including any duty of care owed under the Occupier's Liability Act, on the part of the Releasees, and including failure on the part of the Releasees to safeguard or protect me from the risks, dangers and hazards of the Programs. This Release shall be binding upon my heirs, executors, administrators successors, personal representatives and assigns.

I have read this form and fully understand all of its terms, and I am aware that by signing this agreement I am waiving substantial legal rights (on my behalf and on behalf of my heirs, executors, administrators and next of kin), including giving up my right to sue.

Participant Signature: _____ Witness: _____

Print Name Clearly: _____ Print Name Clearly: _____

Signature of Parent or Guardian: _____

(If Participant under 19 years)

Signed this _____ day of _____, 20_____.

FITNESS ADVENTURES





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PAR-Q Physical Activity Readiness Questionnaire:

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you become more physically active. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Please read the questions carefully and answer each one honestly: **write YES or NO.**

YES NO

Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Do you feel pain in your chest when you do physical activity?

In the past month, have you had chest pain when you were not doing physical activity?

Do you lose your balance because of dizziness or do you ever lose consciousness?

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Is your doctor currently prescribing drugs for your blood pressure or heart condition(ie, water pills)?

Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES to.

You may be able to do any activity you want-as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

Start becoming much more physically active-begin slowly and build up gradually. This is the safest and easiest way to go.

Take part in a fitness appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

NAME: _____ SIGNATURE: _____

DATE: _____ WITNESS: _____

F I T N E S S A D V E N T U R E S

