



HEALTH HISTORY FORM – Wolfpack Fitness LLC

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

Primary EMAIL _____

DATE OF BIRTH ____/____/____ AGE _____

In case of emergency, contact:

NAME _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

NAME _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

Physician's Name _____

Physician's Phone Number (_____) _____

Do you have now, or have you had within the past year:

1. Difficulty with physical exercise? Yes No

If yes, explain:

2. Advice from a physician not to exercise? Yes No

If yes, explain:

3. A history of heart problems? Yes No If yes, explain:

4. High blood pressure? Yes No

If yes, explain:

5. High blood cholesterol? Yes No

If yes, explain:

6. Knee problems? Yes No

If yes, explain:

7. Back problems? Yes No

If yes, explain:

8. Shoulder problems? Yes No

If yes, explain:

9. A history of miscarriage? Yes No

If yes, explain:

I, attest that the above information is true and correct to the best of my knowledge. I further affirm that the information collected on the health history form will ONLY be used for the purpose of this initial interview and general fitness programming recommendations. None of these recommendations should be interpreted as replacing, supplementing, or acting as medical advice. The club, its staff, instructors, trainers and affiliates will NOT be responsible for knowing or using any of the information collected on this health history form. I hereby affirm that I am exercising with my physician's approval regarding a fitness program and have read and fully understand the above agreement. I attest that I have read and understand the above.

Printed Name _____ Date _____

Signature _____ Date _____

Wolfpack Fitness LLC

WAIVER AND RELEASE OF LIABILITY AND RESPONSIBILITY

This Waiver and Release of Liability is executed on this _____ day of

_____, 20____, by _____ (hereinafter "Client").

WHEREAS, Client has contracted with Wolfpack Fitness LLC to participate in Boot Camp and fitness training; and WHEREAS, Client makes the following representations, waivers and releases with knowledge that Wolfpack Fitness LLC relies upon the truth of each statement contained herein.

1. I hereby acknowledge and understand that my participation in a boot camp training program involves inherent risks of injury and death, especially if I have preexisting health conditions related to weight, age and/or certain physical conditions. I hereby accept the full risk of injury and death and hereby hold Wolfpack Fitness LLC, its members, managers, officers, staff, employees, trainers and investors harmless from any and all claims for damages related to any personal injury or death as a result of my participation in boot camp and fitness programs by Wolfpack Fitness LLC. 2. I am fully and completely physically capable of participating in a boot camp training program of the intensity and difficulty provided by Wolfpack Fitness LLC and I am not aware of any illness or condition that would prohibit me from participating in the program or that could increase my risk of injury or death. The attached Health History Form is true and correct in all respects. 3. I understand that none of the agents, staff, trainers, members, managers, officers or instructors of Wolfpack Fitness LLC are medically licensed and they cannot give, nor will I seek from them, any medical diagnosis, advice or intervention. I agree to contact my personal physician both prior to commencing the boot camp training to confirm my physical capability of participating in the training, and also during the program should I experience any condition or sensation of abnormal or out of the ordinary physical well being. 4. I understand that Wolfpack Fitness LLC shall provide valuable proprietary and confidential training practices, procedures and information in order to evaluate and train me on physical exercise and nutrition without any guarantee as to results. I agree to maintain the confidentiality of such information and not to use, disclose or disseminate such information to any third parties or for the purposes of participating, directly or indirectly, in any business venture that competes with Wolfpack Fitness LLC within a thirty mile radius of any Wolfpack Fitness LLC location for a period of three years from the date of my boot camp training. 5. I REPRESENT AND WARRANT THAT I AM NOT A PERSONAL TRAINER AND THAT I DO NOT INTEND TO UTILIZE THE INFORMATION AND KNOWLEDGE I OBTAIN IN THE WOLFPACK FITNESS LLC TRAINING PROGRAM TO TRAIN OTHER PERSONS IN ANY MANNER WHATSOEVER. I acknowledge that if I desire to become a personal trainer after attending the Wolfpack Fitness LLC that I will pursue a fitness career with Wolfpack Fitness LLC. 6. I hereby consent to the use by Wolfpack Fitness LLC of my likeness and of any photos of me by Wolfpack Fitness LLC on its website, in advertisements and in any multimedia presentations by Wolfpack Fitness LL highlighting or promoting its boot camps.

This Release is executed voluntarily in consideration of my participation in the Wolfpack Fitness LLC fitness program. I acknowledge that I have read and understood the entire contents of this Agreement and I agree to be bound hereby.

_____ Client Signature

_____ Printed Name