

### New participant details

Member Number: \_\_\_\_\_ Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Given name:** \_\_\_\_\_ **Nick name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **D.O.B:**   /   /     **required**

**Emergency contact name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**To commence using services offered by Ultimate Training you must complete this form in full. I understand and agree. All information must be true and correct to the best of your knowledge to ensure quality service and your safety.**

Participants signature: \_\_\_\_\_

Follow us on Social Media:  @UltimateTrainingAustralia  Ultimate Training (closed group)

### Your fitness goals

Weight loss / Reduce body fat     Muscle definition (Tone / Firm up)     Overall strength     Gain muscle mass

Improve cardiovascular fitness (Efficiency of the heart and lungs)     Reduce stress levels     Increase confidence and self esteem     Sports conditioning:

Other: .....

In what time frame would you like to start seeing results by?  
 1 month     2 months     3 months     6 months     Unsure

Are you preparing for a specific event? (e.g Marathon/Wedding)  
 No     Yes: Event: \_\_\_\_\_ Date: \_\_\_\_\_

### Are you interested in any of the following services?

Personal Training:  No     Yes    Day/s and times/s: \_\_\_\_\_

**If Yes, →**

Private Group Training:  No     Yes    Frequency:  Weekly     Fortnightly     Just a once off

Events:  No thanks     Fitness (e.g Fun runs)     Social (e.g Social parties)

### Are you interested in joining any of our Group Fitness sessions?

MON	TUE	WED	THU	FRI	SAT
<input type="checkbox"/> 5:30am Fat Burn	<input type="checkbox"/> 5:45am Running Group	<input type="checkbox"/> 5:30am Non Stop Cardio	<input type="checkbox"/> 9:15am Bootcamp Circuit	<input type="checkbox"/> 5:30am Cardio Strength	<input type="checkbox"/> 9:15am Bootcamp Circuit
<input type="checkbox"/> 9:15am Bootcamp Circuit	<input type="checkbox"/> 9:15am Bootcamp Circuit	<input type="checkbox"/> 9:15am Bootcamp Circuit	<input type="checkbox"/> 7:15pm Ultimate Circuit	<input type="checkbox"/> 9:15am Bootcamp Circuit	
<input type="checkbox"/> 6:15pm Boxfit & Core	<input type="checkbox"/> 7:15pm Abs Butt Cardio	<input type="checkbox"/> 7:15pm Strength Challenge			
<input type="checkbox"/> 7:15am Cardio Challenge	<input type="checkbox"/> 7:15pm Ultimate Yoga				

### How did you hear about Ultimate Training?

Walking/driving past a session     Internet search engine     Another participant     Other

Name: \_\_\_\_\_

**Your medical profile**

Answer all questions by circling the most correct answer

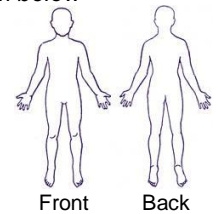
**Do you:**

- Ever experience unexplained **pains in your chest** at rest or during physical activity/exercise? Yes No
- Ever **feel faint, light headed or dizzy** during physical activity/exercise that causes you to lose balance? Yes No
- Smoke cigarettes** on a weekly basis or have you quit smoking in the last 6 months? Yes No  
 → *If Yes to currently smoking, How many per week?* .....
- Have **diabetes**? Yes No  
 → *If Yes, Type I or Type II?* .....
- Ever have trouble controlling your **blood glucose**? Yes No  
 → *If Yes, When was the last time?* .....
- Have **asthma**? Yes No  
 → *If Yes, Do you always carry an **asthma pump** with you?* Yes No  
 → *If Yes, Have you had an **asthma attack** requiring immediate medical attention in the last 12 months?* Yes No
- Know if you are **allergic to latex**? Yes No
- Have or been told that you have either **low or high blood pressure**? Yes No
- Have or been told that you have **high cholesterol**? Yes No
- Have or been told that you have either **low or high blood sugar**? Yes No

**Have any other:** **\*\*IMPORTANT: PLEASE NOTE ALL DETAILS AND DATES OF INJURIES/SURGURIES\*\*** Yes No

- Existing diagnosed medical condition(s)
  - Muscle, bone or joint damage/problems
  - Pain/soreness from certain types of physical activities/exercises
- That may make it harmful for you to participate in any type of physical activity/exercise?  
 → *If Yes, please list all medical condition(s) and circle the area(s) of the body on the diagram below*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



- Have or have you been told that you have a **heart condition** or have suffered a **stroke**? Yes No
- Does anyone in your family have a **history of heart disease** (stroke or heart attack)? Yes No  
 → *If Yes, What was that family member(s) age(s):* .....
- Are you **pregnant** or believe you might be? Yes No  
 → *If Yes, how many months?* .....
- Have you **given birth** within the last 12 months? Yes No  
 → *If Yes, how many months ago?* .....
- Have you been **in hospital** for any medical condition/illness/injury in the last 12 months? Yes No
- Currently take any **prescribed medication(s)** for any medical condition(s)? Yes No  
 → *If Yes, please list the medication(s) and what benefit/assistance it is having on you*
- \_\_\_\_\_
- \_\_\_\_\_

- Are you currently exercising or involved in any physical activities/exercise? Yes No  
 → *If Yes, Type(s):*
- Average Frequency (days per week): 1 2 3 4 5 +
- Average Duration (mins): 15 30 45 60 70 or longer
- Average Intensity: Light (Minimal) Light - Moderate (Minimal to average) Vigorous (Average to High/Maximal)

To the best of my knowledge, all of the above medical and exercise information I have supplied is true and correct.

Signature:..... Date:.....



## Security of Personal Information

We are committed to ensuring the security of your personal information.

We collect personal information in order to provide clients with relevant updates and be contacted when necessary.

Ultimate Training recognises that the law allows you not to elect to provide your personal information, however by not providing Ultimate Training with your personal information, you will not be able to partake in any services offered.

## Release and Waiver

Because physical exercise can be strenuous and subject to risk of serious injury, **Ultimate Training urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity.** You agree that by participating in physical exercise or training sessions, you do so entirely at your own risk. You agree to assume full responsibility in communicating to Ultimate Training any physical and/or psychological concerns that might conflict with your participation in physical exercise or training sessions.

You agree that you are voluntarily participating in the training sessions. You agree to assume all risks of injury, illness, or death arising from your participation, including but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity. You agree that Ultimate Training is not responsible for any loss of your personal property.

You acknowledge that you have carefully read this release and waiver and fully understand that it is a release of liability. You expressly agree to release and discharge the trainer or instructor from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the trainer or instructor for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

You grant Ultimate Training the irrevocable right and permission to use photographs and/or video recordings of yourself on social media, relevant websites, promotional flyers, or for any other similar purpose without compensation.

You understand and agree that such photographs and/or video recordings of you may be placed on the Internet. You also understand and agree that you may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of you. You waive the right to approve the final product. You agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all recording tape and digital files are and shall remain the property of Ultimate Training.

You release, acquit and forever discharge Ultimate Training and all its current and former employees from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

You warrant that you are eighteen (18) years old or more and competent to contract in my own name or, if you are less than eighteen years old, that your parent or guardian has signed this release form below. This release is binding on you and your heirs, assigns and personal representatives.

In the event that you ever feel uncomfortable and/or concerned about yourself being used in any photographs and/or video recordings that will be reproduced in any of Ultimate Training's social media, relevant websites, promotional flyers, or for any other similar purpose, you understand that you can speak to any of Ultimate Training's employees right before, during or immediately after the time of a photograph and/or video recording to express your concern about your presence in that particular photograph and/or video recording. Only if your concern is raised early, around the approximate time of a photograph and/or video recording, Ultimate Training will do their best to eliminate you from as much content as possible of the final product.

**By my signature, I indicate that I have read and understand this release and waiver of liability and I voluntarily agree to its terms. I accept that this release cannot be modified orally.**

Participant's Full Name (Please print): .....

Participant's Signature: ..... Date: .....

### If participant is under 18 years of age, a Parent/Guardian Signature is required:

I represent that I have legal capacity and authorise to act on behalf of the minor named herein.

Parent/Guardian's Signature: ..... Date: .....