**HOOSIER TRAINER: This is a release of liability-please read before signing.**

The risk of injury from physical exercise may occur, and while particular judgment and caution will minimize the risk, the risk of injury does exist. By signing this form, the undersigned (herein referred to as the “user”) knowingly and freely assume all such risks, both known and unknown, and assumes full responsibilities for participation. Members of Hoosier Trainer are strongly encouraged to consult with a qualified health care professional before beginning an exercise program.

 By signing below, the user for themselves and on behalf of their heirs assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, their officers, officials, agents and/or employees, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to persons or property; and I understand that as a member in good standing of Hoosier Trainer, I am expected to maintain a certain standard of behavior and professionalism, adhere and agree to the above mentioned policies and procedures and will conduct myself accordingly.

 By signing below, you acknowledge that you have read and understood this document in its entirety and agree to all the terms and conditions.

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

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information This information will be maintained in the security office and will be used only in the event of an emergency

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

Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History: Please indicate if any of these statements apply to you by placing a *YES* in the space provided:**

1. History of Heart Problems (i.e. Chest problems, stroke or heart murmur) \_\_\_\_\_\_\_\_

2. Diabetes Mellitus \_\_\_\_\_\_\_\_

3. Asthma, Breathing or Lunge problems \_\_\_\_\_\_\_\_

4. Seizures, seizure medication or neurological problems \_\_\_\_\_\_\_\_

5. High Blood Pressure \_\_\_\_\_\_\_\_

6. Back Problems, joint or muscle disorders still affecting you \_\_\_\_\_\_\_\_

7. Recent Surgery (last 12 months) \_\_\_\_\_\_\_\_

8. Hernia or any condition that may be aggravated by exercise \_\_\_\_\_\_\_\_

9. Are you on medication \_\_\_\_\_\_\_\_