

**WE FIT MOMS
INFO & HEALTH HISTORY FORM**

#WHEREMOMSFIT

Name _____

Address _____

City, State, Zip _____

Home phone _____ Cell phone _____

Email: _____

Date of Birth _____ Age _____

Height _____ Weight _____ Shirt Size: S M L XL XXL

How did you hear about MIM? _____

Occupation: _____

Fitness Goal: Walk 5K Run 5K Run 10K Half Marathon Not sure

Emergency Contact:

Name _____

Phone _____ Cell _____

How would you rate your current fitness level? 1 (poor) to 10 (excellent) _____

If you have medical conditions, you must provide written consent waiving your condition by your physician before training with WE FIT MOMS or other physical fitness activities:

Signature: _____

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

Difficulty with physical exercise? Y or N

If yes, explain:

Advice from a physician not to exercise? Y or N

If yes, explain:

A history of heart problems? Y or N

If yes, explain:

High blood pressure? Y or N

If yes, explain:

High blood cholesterol? Y or N

If yes, explain:

Knee problems? Y or N

If yes, explain:

Back problems? Y or N

If yes, explain:

Shoulder problems? Y or N

If yes, explain:

Medications? Y or N

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.

Signature

Date

Club Membership Waiver of Participation

I agree that I am a member of WE FIT MOMS and I know that running in and volunteering for organized group runs, social events, and races with this club are potentially hazardous activities, which could cause injury or death. I will not participate in any club organized events, group training runs or social events, unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform all activities associated with the club and am in good health, and I am properly trained. I agree to abide by all rules established by the club, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the club agree to abide by them. I assume all risks associated with being a member of this club and participating in club activities which may include: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road or trails, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed to be used in club organized activities and I agree to abide by this rule. Having read this waiver and knowing these facts and inconsideration of your accepting my membership, I, for myself and anyone entitled to act on my behalf, waive and release the WE FIT MOMS, the city of Los Angeles, and all club sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation with the club, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record for any legitimate promotional purposes for the club.

Signature: _____

Date: _____