



**FULL DISCLOSURE OF PHYSICAL CONDITIONS**

This Full Disclosure of Physical Condition is executed on \_\_\_\_\_, and is a material part of, and is incorporated by reference into the Contract for Services executed by the Client.

1. Client certifies that he or she is physically sound and suffering from no condition, impairment, disease, infirmity, allergy, or illness that would prevent the Client's participation in the Client's Activities under this Agreement, except as herein stated: (attach additional pages if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Client certifies that he or she is not taking any medications (prescription, over the counter, or otherwise), except as those stated herein:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Coach recommends that prior to participation coaching and training services Client have a yearly physical examination and consultation with the Client's physician as to physical activity, exercise, and use of exercise and training equipment. Client certifies that he/she has (a) been given permission by the Client's physician to participate, or (b) that the Client has decided to participate in the activities under this Agreement without the approval of his/her physician.
4. Client recognize that he/she has an ongoing responsibility to keep Client informed of any newly diagnosed or exacerbated conditions as they may arise.
5. The information requested in this document is confidential and for emergency use only. In the event of a medical emergency, this information will be used by authorized emergency personnel. Please be honest when completing all pertinent information.
6. THE CLIENT CERTIFIES THAT THE CLIENT HAS GIVEN FULL AND COMPLETE DISCLOSURE OF ALL PHYSICAL CONDITIONS, IMPAIRMENTS, DISEASES, INFIRMITIES, ALLERGIES, OR ILLNESSES THAT MIGHT AFFECT OR PREVENT THE CLIENT'S PARTICIPATION IN THESE ACTIVITIES UNDER THIS AGREEMENT. THE CLIENT REPRESENTS THAT HE HAS NO CONGENITAL, PHYSICAL, OR MENTAL HEALTH PROBLEMS, NO UNDERLYING CARDIOVASCULAR, NEUROLOGICAL, OR ANY ILLNESS, OR CONDITION WHICH MIGHT

AFFECT OR PREVENT THE CLIENT'S PARTICIPATION IN THE ACTIVITIES UNDER THIS AGREEMENT.

7. In the case of emergency, I give permission for my information to be released to emergency personnel. I also agree that any of my emergency contacts listed on my "Emergency Contact Card" may be notified in an emergency, as needed.

**Participant Printed Name:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Parent or Legal Guardian Signature:** \_\_\_\_\_  
(If Participant is under 18 years old)

**Witness Printed Name:** \_\_\_\_\_

**Witness Printed Name:** \_\_\_\_\_