

D'FINE SCULPTING & NUTRITION  
1304 Pine Valley Drive #203  
Schaumburg, IL 60173  
Dfine.yourhealth@live.com

Please complete the following questions *accurately and completely*. If participant is under 18 years of age please have parent or legal guardian complete the below section.

MEDICAL AND PHYSICAL TRAINING QUESTIONNAIRE

Please mark YES or No to the following:	Yes	No
Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?	___	___
Do you frequently have pains in your chest when you perform physical activity?	___	___
Have you had chest pain when you were not doing physical activity?	___	___
Have you had a stroke?	___	___
Do you lose your balance due to dizziness or do you ever lose consciousness?	___	___
Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?	___	___
Are you pregnant now or have given birth within the last 6 months?	___	___
Do you have asthma or exercise induced asthma?	___	___
Do you have low blood sugar levels (hypoglycemia)?	___	___
Do you have diabetes?	___	___
Have you had a recent surgery?	___	___

If you have marked YES to any of the above, please elaborate below:

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Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No  
What is the medication for? \_\_\_\_\_

How does this medication affect your ability to exercise or achieve your fitness goals?

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Please note: If your health changes such that you could then answer YES to any of the above questions, you are required to inform Danielle Girdano in detail about these changes and ask whether you should change your physical activity plan.

Occupational Questions

1. What is your current occupation? \_\_\_\_\_
2. Does your occupation require extended periods of sitting? (YES – NO)
3. Does your occupation require extended periods of repetitive movements? (YES – NO)  
(If yes, please explain.) \_\_\_\_\_
4. Does your occupation require you to wear shoes with a heel (dress shoes)? (YES – NO)
5. Does your occupation cause you anxiety (mental stress)? (YES – NO)

Recreational Questions

6. Do you partake in any recreational activities (golf, tennis, skiing, etc.)?  
(If yes, please explain.)  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.)  
\_\_\_\_\_  
\_\_\_\_\_

Additional Medical Questions

8. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)?  
(If yes, please explain.)  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you ever had any surgeries? (If yes, please explain.)  
\_\_\_\_\_  
\_\_\_\_\_
10. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.)  
\_\_\_\_\_  
\_\_\_\_\_

Please note: If your health changes such that you could then answer YES to any of the above questions, you are required to inform Danielle Girdano in detail about these changes and ask whether you should change your physical activity plan.

I have read, understood, and completed the above questionnaire. Any questions I had were answered to my full satisfaction. \*If participant is under 18 years of age please have parent or legal guardian complete the below section.

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

Signature: \_\_\_\_\_

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

DO NOT COPY

## Waiver and Release of Liability

**Express assumption of risk:** I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s).

**Rhabdomyolysis** can occur when physical, athletic activity is so intense that the muscle cells breakdown and the contents enter the blood stream. I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class under the direction of Danielle Girdano.

I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others. If participant is under 18 please have parent or legal guardian complete the below section.

Initials: \_\_\_\_\_

**Release:** In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in physical training and athletic activities offered, recommended, taught or otherwise made available, explained, or provided to me by Danielle Girdano, I hereby fully and generally release Danielle Girdano, her principals, agents, employees, and volunteers, from any and all liability, claims, demands, actions or rights of action, known or unknown, which are related to, arise out of, or are in any way connected with my participation in any such physical training or related activities, including those allegedly attributed to myself, other participants, or to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

If I am signing on behalf of a minor child, I also give full permission for any person connected with Danielle Girdano to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

**Indemnification:** I recognize that there is risk involved in the types of activities offered by Danielle Girdano. Therefore I accept financial responsibility for any injury that I may cause either to myself or to any other participant due to my negligence. Should Danielle Girdano or anyone acting on her behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse her and/or them for such fees and costs. I further agree to indemnify and hold harmless Danielle Girdano, her principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Danielle Girdano.

\_\_\_\_\_ I authorize the right for Danielle Girdano to use any photos/videos for promotional purposes at her discretion.

I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act.

**\*If participant is under 18 years of age please have parent or legal guardian complete the below section.**

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

Signature: \_\_\_\_\_

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

## Contact Information:

Physical Address: \_\_\_\_\_

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

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

I recognize that D'fine Sculpting & Nutrition LLC. Uses retro billing and I will be billed the first business day on the following month of services rendered. Those payments are due **no more than 14 days from billing date**. Any payment beyond 14 day limit will be turned over to collections. I furthermore recognize that D'fine Sculpting & Nutrition enforces a **24 hour cancelation policy and that I will be charged for sessions not canceled 24 hours in advance** (excluding boot camp fitness classes).

Session rate, length, day and time is correct as stated above and I agree to the guild lines listed. **If participant is under 18 please have parent or legal guardian complete the below section.**

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

Signature: \_\_\_\_\_

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