

J4 Pre-Participation Forms

Informed Consent for Participation

Name: _____ Date: _____

PURPOSE AND EXPLANATION OF PROCEDURE

I hereby consent to voluntarily engage in an acceptable plan of personal/group fitness training. I also give consent to be placed in personal/group fitness training program activities which are recommended to me for improvement of health/fitness education activities. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs), muscular fitness and mental capacity. I understand that I may be required to undergo a graded exercises test prior to the start of my personal/group fitness training program in order to evaluate and assess my present level of fitness. I will be given exact personal instructions regarding the amount and kind of exercise I should do. A professionally trained coach will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. I understand that I am expected to follow staff instructions with regard to exercise, stress management, and other health and fitness regarded programs. If I am taking prescribed medications, I have already, or will, inform the program staff and further agree to so inform them promptly of any changes which my doctor or I have made with regard to use of these. I have been informed that during my participation in the above described personal/group fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences arise. At this point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms, should any develop. I understand that during the performance of exercise, a personal/group fitness coach will periodically monitor my performance or assess my feelings of effort for the purposes of monitoring my progress. I also understand that during the performance of my personal fitness training program, physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated above reasons.

RISKS

It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body.

Every effort, I have been informed, will be made to minimize these occurrences by proper staff assessments of my condition before each personal/group fitness training session, staff supervision during exercise and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated.

BENEFITS TO BE EXPECTED AND ALTERNATIVES AVAILABLE TO EXERCISE

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the personal/group fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment and regulate physical effort. These experiences should benefit me by indicating how many physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity and fitness level after a period of 1-6 months.

CONFIDENTIALITY AND USE OF INFORMATION

I have been informed that the information which is obtained in this personal/group fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person, to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status or needs.

INQUIRIES AND FREEDOM OF CONSENT

I have read this Informed Consent form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without inducement.

Participant's Name (Please Print): _____

Participant's Signature: _____
(Parent's signature if under 18 years of age)

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

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

Waiver of Liability for Facility Use

I/We hereby understand and acknowledge that the training, programs and events held by J4 Performance may expose me to many inherent risks, including accidents, injury, illness, or even death. I/We assume all risks or injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and J4 Performance furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to **HOLD HARMLESS, WAIVE AND RELEASE** J4 Performance, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in J4 Performance training, programs and/or events.

By my signature I/We indicate that I/We have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participant's Name (Please Print): _____

Participant's Signature: _____ Date: _____
(Parent's signature if under 18 years of age)

In case of emergency, contact: _____ Phone: _____

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

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

Policies and Procedures

EXPIRATION POLICY

All purchased team training sessions expire **monthly** (unlimited monthly package) or expire **1 months** (24-session package) after the date of the first training session rendered. All purchased 1:1 & 2:1 Coaching sessions expire **3 months** after the date of the last scheduled session (i.e., 12-month commitment = 15-month expiration). Any sessions that remain after the expiration will be forfeited. If you are physically unable to continue training, you must provide a doctor's note. In the case that you are unable to participate in J4 Performance services due to a serious injury, any remaining sessions will be frozen until you are physically able to resume participation. Any refunds for services purchased are at the full discretion of J4 Performance and will be determined on a case-by-case basis.

Initials _____

TARDINESS POLICY

You are expected to begin training at the start time of the scheduled appointment. A late start time does not entitle you to a session longer than the scheduled appointment. For example, if you are 10 minutes late for a 60-minute training session, your session will be reduced to 50 minutes and you will not receive credit for the remaining 10 minutes. Exceptions will be allowed based on the coach's schedule/availability.

Initials _____

CANCELLATION & RESCHEDULING

While I make every effort to be flexible and accommodate your schedule, I will only do so under the following conditions:

If you need to cancel an appointment/training session you must do so by texting, calling, or emailing me before **24 hours** of the appointment time. If I am not available, leave a message. I will check my availability and get back to you with confirmation of the rescheduled date and time as soon as possible. If for some reason, you do not text, call, or email me within **24 hours** of your appointment time, you will forfeit your training session. The only exception to this policy is a medical emergency accompanied by a doctor's note.

If special circumstances are necessary, and my schedule permits, we may agree upon a shorter notice period, in which case you will not forfeit your training appointment/session. The determination of which circumstances warrants, or my schedule permits, are decisions that will be left to my sole discretion and determined on a case-by-case basis.

In the case that the training facility is outdoors, additional accommodations will be considered. In the case that weather is not conducive to training, your training session will not be forfeited, and your session(s) expiration date will be pushed back to accommodate for the appointment cancellation and rescheduling. In any case that weather prevents the ability to train outdoors for consecutive days, the same accommodations will be made in reference to pushing back expiration dates. The coach has the right to cancel and reschedule any scheduled training sessions due to restrictions imposed by inclement weather (rain, thunder, lightning, heat) that would make it an unsafe training environment. The coach will contact all participants at least **30 minutes** prior to the beginning of the scheduled appointment to confirm or cancel a scheduled training session.

Initials _____

I have read and understand all the policies and procedures listed above.

Participant's Name (please print): _____

Participant's Signature: _____ Date: _____
(Parent's signature if under 18 years of age)

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

Participant's Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

Health & Medical Questionnaire

Name: _____ Date of birth: _____ Date: _____

Address: _____
Street City Province Postal Code

Phone (Cell): _____ (Secondary): _____

Email Address: _____

In case of emergency, whom may we contact?

Name: _____ Relationship: _____

Phone (Cell): _____ (Secondary): _____

Personal Physician:

Name: _____ Phone: _____

Please list any medications that you are currently taking:

PRESENT/PAST HISTORY

Have you had or do you presently have any of the following? (Check if yes)

- _____ Rheumatic fever
- _____ Recent operation
- _____ Edema (swelling of ankles)
- _____ High blood pressure
- _____ Low blood pressure
- _____ Back injury
- _____ Knee injury
- _____ Seizures
- _____ Lung disease
- _____ Heart attack or known heart disease
- _____ Fainting or dizziness
- _____ Diabetes
- _____ High cholesterol

- ☐ Orthopnea (the need to sit up to breath comfortably)
- ☐ Nocturnal dyspnea (shortness of breath at night)
- ☐ Shortness of breath at rest or with mild exertion
- ☐ Chest pains
- ☐ Palpitations or tachycardia (unusually strong or rapid heart beat)
- ☐ Intermittent claudication (calf cramping)
- ☐ Pain, discomfort in the chest, neck, jaw, arms or other areas
- ☐ Known heart murmur
- ☐ Unusual fatigue or shortness of breath with regular daily activities
- ☐ Temporary loss of visual acuity
- ☐ Short-term numbness or weakness
- ☐ Cancer
- ☐ Other (please explain): _____

FAMILY HISTORY

Have any of your first-degree relatives (parent, sibling or child) experienced the following conditions? (Check, if yes). Also, please identify at what age the condition occurred.

- ☐ Heart attack
- ☐ Heart operation (bypass surgery, angioplasty, coronary stent replacement)
- ☐ Congenital heart disease
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Diabetes
- ☐ Other serious illness (please explain): _____

ACTIVITY HISTORY

1. Date of your last physical examination conducted by a physician: _____

2. Do you participate in a regular fitness program at this time? Yes ___ No ___

If yes, please explain: _____

3. Can you currently walk 4 miles briskly without fatigue? Yes ___ No ___

4. Have you ever performed resistance training (weight lifting) exercises in the past 3 months? Yes ___ No ___

5. Do you have any injuries that may interfere with training?

Yes ___ No ___

If yes, please explain: _____

6. Do you use tobacco products?

Yes ___ No ___

7. What is your current body weight? _____ What was it one year ago? _____

8. How tall are you? _____

Social Media Release

Film or digital photography, video photography, and/or audio recordings may be used for social media, marketing and professional use only. Publication of any and all recordings is at the full discretion of the participant. You have the right to refuse publication of specific and/or all photos, video and audio recordings.

_____ Yes, I agree and allow my coach to share photos, videos and/or audio recordings of my performance and progression during training sessions

_____ No, I do not agree to allow my coach to share photos, videos and/or audio recordings of my performance and progression during training sessions

I have read and understand all the social media policies listed above.

Participant's Name (please print): _____

Participant's Signature: _____ Date: _____
(Parent's signature if under 18 years of age)

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

Participant's Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____