



ME Member #: _____

Metabolic Effect Health History Form

Date: _____

email: _____

Name: _____

Date of Birth: _____ Male Female

Address: _____

Home Phone: _____

City: _____ State _____ Zip _____

Work Phone: _____

Cell Phone: _____

Physician's Name: _____

Physician's Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Referred by? _____

Physical Activity Readiness Questionnaire - PAR-Q & You (for People Aged 15 to 69)

Becoming more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active. If you are planning to become more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Check YES or NO.

Yes No

Has your doctor ever said that you have heart condition and that you should only do physical activity recommended by a doctor?

Do you feel pain in your chest when you do physical activity?

In the past month, have you had chest pain when you were not doing physical activity?

Do you lose your balance because of dizziness or do you ever lose consciousness?

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions:

Talk with your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered **YES**.

You may be able to do any activity you want-as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you.

Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

Find out which community programs are safe and helpful for you.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- ☞ Start becoming much more physically active-begin slowly and build up gradually. This is the safest and easiest way to go.
- ☞ Take part in a fitness appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

You should DELAY becoming much more physically active:

- ☞ If you are not feeling well because of a temporary illness such as a cold or a fever-wait until you feel better; or
- ☞ If you are or may be pregnant - talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

If the PAR-Q is being given to a person before he or she participates in a physical program or a fitness appraisal, this section may be used for legal or administrative purposes.



WAIVER AND RELEASE OF LIABILITY AGREEMENT

_____ (“Participant”) hereby enters into this Waiver and Release of Liability Agreement (“Agreement”) with Metabolic Effect INC., a Delaware corporation legally doing business in NC (the “Company”). Participant acknowledges that there are risks involved in participating in any exercise and wellness program and understands that the Company recommends that the Participant obtain authorization from his/her medical provider prior to beginning the Company’s exercise and wellness program. In this connection, the Company’s exercise and wellness program shall include, but not be limited to, intense weight training, strenuous aerobic activity, and nutritional counseling. Participant agrees, today and on all future dates, (1) that he/she is voluntarily participating in the Company’s exercise and wellness program and assumes all risk of injury (including, but not limited to, death, paralysis, heart attack, and injury to bones, joints, or muscles), the contraction of any illness or medical condition that might result, or any damage, loss, or theft of any personal property, and (2) that the use of all facilities the Company owns, leases, or otherwise uses, shall be at the sole risk of the Participant and/or the Participant’s guest.

Accordingly, the Company shall not be liable in any fashion for any injury to the Participant and/or the Participant’s guest or any damage to the personal property of the Participant and/or the Participant’s guest and the Company shall not be subject to any claim, demand, injury, or damages whatsoever, including, without limitation, those demands resulting from any acts of negligence on the part of the Company, its officers, owners, agents, employees, independent contractors, or others.

In consideration of his/her participation in the Company’s exercise and wellness program, the Participant for himself/herself and on behalf of his/her executors, administrators, successors, and assigns, does hereby expressly forever release and discharge the Company, its successors and assigns, as well as its officers, owners, agents, employees, independent contractors, or others from all claims, demands, injuries, damages, or causes of action arising out of or in connection with the Company’s negligence. This Agreement includes, without limitation, injuries that may occur as a result of (1) the Participant’s use of any exercise equipment, (2) the Company’s improper maintenance of any exercise equipment, and/or (3) the Company’s negligent instruction, counseling, or supervision in connection with the exercise and wellness program. The Participant further agrees to save, indemnify, and hold harmless the Company, its officers, owners, agents, employees, independent contractors, or others from all costs and expenses, including its reasonable attorneys’ fees, arising from claims and demands which are the subject matter of this Agreement.

Participant is aware that the Company does not provide any kind of insurance for his/her benefit in connection with the Company’s exercise and wellness program. Participant understands that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina and agrees that if any portion is held invalid, the remainder of the Agreement will continue in full legal force and effect.

NOTICE TO PARTICIPANT – Do not sign this Agreement before you have read it because it contains a RELEASE and WAIVER of claims.

Participant Signature

Date

By signing above - I hereby acknowledge that (1) I am over the age of eighteen, (2) I have carefully read and voluntarily signed this Agreement, and (3) I understand the Agreement’s terms and conditions and that the Agreement shall be effective and binding upon myself, my family, and my heirs, executors, representatives, and estate.