

South Plains Underground

Health Assessment Waiver and Goals Work Sheet



Name: _____

Address: _____ City: _____ State/Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Emergency Contact: _____

Emergency Phone: _____

South Plains Underground recommends that you clear your participation in any exercise program with you physician.

HEALTH ASSESSMENT

Have you ever had any form of heart disease? Yes / No

Have you ever experienced shortness of breath or chest pains? Yes / No

Date of last full physical: _____

Do you have or do any of the following pertain to your health?
If yes please explain.

High Blood Pressure?	Yes / No	Levels: _____
Cigarette Smoking?	Yes / No	
Diabetes?	Yes / No	Types: _____
Family History of Heart Disease?	Yes / No	Who/Age: _____
Do you work out at least three times per week?	Yes / No	
Are you currently taking any medication?	Yes / No	Explain: _____

Do you have problems in the following areas?

Knees	Yes / No	Explain: _____
Lower Back	Yes / No	Explain: _____
Neck/Shoulders	Yes / No	Explain: _____
Hip/Pelvis	Yes / No	Explain: _____
Any Other	Yes / No	Explain: _____

Is there any reason you know of that you should not participate in exercise? Yes / No Explain: _____

INFORMED CONSENT/ASSUMPTION OF RISK

I, _____, agree to participate in one or more physical fitness program(s)/class(es) sponsored by South Plains Underground, which may include, but not necessarily be limited to, training of any kind by any affiliate, subsidiary, partnership, volunteer or person of South Plains Underground and/or Terrel McReynolds, Chandra McReynolds, Dustin Lewis, Chase Myers, and Sean Dickson (hereinafter collectively referred to as South Plains Underground). South Plains Underground made me fully aware that the fitness programs/classes which South Plains Underground offers and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. I the undersigned recognize and understand that the programs/classes are not without varying degrees of risk which may include, but are not limited to the following:
 Injury to the musculoskeletal and/or cardio respiratory systems 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, or injury or death due to a medical condition, whether known or unknown by me. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s).

Initials: _____

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in South Plains Underground programs/classes and accept full responsibility for any injury or death that may result from