



Canadian Callanetics

Body Sculpting Exercise Program

RELEASE OF LIABILITY

PLEASE COMPLETE **ALL** SECTIONS OF THIS QUESTIONNAIRE **PRIOR** TO ATTENDING CLASSES, WORKSHOPS OR EVENTS

MEDICAL QUESTIONNAIRE

- Do you know of any reason you should not perform physical activity? YES NO
- Have you ever been advised by a physician or medical professional to refrain from exercising? YES NO
- Do you have any physical limitations? YES NO
- Have you suffered from serious illness that may affect your ability to exercise? YES NO
- Have you ever had chest pain or heart problems that may affect your ability to exercise? YES NO
- Do you have asthma? If so, do you carry an inhaler? YES NO
- Do you suffer from pain; knees, neck, back, hip, etc? If so, please specify YES NO
- Have you had prolapsed organs? YES NO
- Have you had broken bones? YES NO
- Do you have scoliosis, spinal issues? YES NO
- Do you carry an epi pen for allergic reactions? YES NO
- Do you have a medical condition? If so, please specify YES NO
- Do you take medications? Please specify name, reason and dosage. YES NO
- In the unlikely event of accident or injury, do you have medical treatment restrictions (e.g. blood transfusions)? YES NO
- Do you have constipation, IBS or incontinence? YES NO

OTHER comments?

I fully understand the questions outlined in the medical questionnaire. Should any of the above medical information change, I will advise a representative of “Canadian Callanetics” before I attend any classes, workshops or events.

Printed Name

Signature

Date



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AGREEMENT AND RELEASE OF LIABILITY

1. I hereby agree that certain risks and perils are inherent in any exercise program, activity including risk of serious injury and even death.
2. I am voluntarily participating in the “Canadian Callanetics” Exercise Program.
3. I hereby release Rhonda Bleau, “Canadian Callanetics”, from any liability, claims, demands, and actions resulting from personal injury or death.
4. I hereby release Rhonda Bleau, family dependents, from any or all liability, claims, demands, and actions resulting from personal injury or death.
5. My participation is entirely at my own risk and peril.
6. I understand and agree that this agreement and release of liability is binding on my heirs, executor, administrators or assigns.
7. I acknowledge that it is my responsibility to advise “Canadian Callanetics” of any medical conditions or health concerns, which may affect participation in this program.
8. I understand those terms of this agreement and in particular the terms of the waiver.

Please note: all information contained on this medical questionnaire form is for the sole use of “Canadian Callanetics” and “medical emergency services”, in the unlikely event of accident or injury.

This information is protected under the Freedom of information and Protection of Privacy Act.

EMERGENCY CONTACT Name _____ Phone # 403 _____

FULL NAME - _____

FULL DATE OF BIRTH - ____/____/____
month date year

PHONE NUMBER(S) - 403 ____ - ____, (H) 403 ____ - ____ (C)

FULL HOME ADDRESS - _____ Calgary, AB _____



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GOALS AND OBJECTIVES

NAME _____

DATE _____

ORDER OF THE AREAS YOU WISH TO TARGET (1-6)

Lose weight, if so how much	_____	Firm and Tone	_____
Increase energy	_____	Balance & Coordination	_____
Build Core Strength	_____	Gain Flexibility	_____

AREAS YOU WISH TO SEE IMPROVE (1-6)

Stomach & Waist	_____	Legs	_____
Arms	_____	Hips & Thighs	_____
Neck	_____	Other: please indicate	_____

HEIGHT _____ WEIGHT _____ BMI _____ GOAL BMI _____

START MEASUREMENTS

Neck _____”

Upper Arm _____”

Bust _____”

Chest _____”

Waist _____”

Hips _____”

Bottom _____”

Thigh _____”

Calf _____”

10 CLASSES - MEASUREMENTS

Neck _____”

Upper Arm _____”

Bust _____”

Chest _____”

Waist _____”

Hips _____”

Bottom _____”

Thigh _____”

Calf _____”