

## Medical Questionnaire & Event Registration Form Perth Seniors Outdoor Fitness World Record Attempt 2017

Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_ D.O.B \_\_\_\_\_ Gender M / F

Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

MEDICAL HISTORY

Have you ever undergone any surgery within the last 12 months? If so what was the procedure?

\_\_\_\_\_

Have you ever suffered a broken bone? If so which one(s) and how long ago?

\_\_\_\_\_

Have you ever suffered from a joint injury? If so which joint(s) and how long ago?

\_\_\_\_\_

Have you ever suffered from a muscular injury? If so which muscle(s) and how long ago?

\_\_\_\_\_

Have you ever suffered from a lower back injury or experienced lower back pain? If so, how long ago?

\_\_\_\_\_

Do you currently take any prescribed medication or supplements? If so please list them:

HEALTH DIAGNOSIS (please circle either YES or NO) Have you ever experienced.....

Heart attack	YES/NO	Family history of heart attack	YES/NO	High Cholesterol	YES/NO	Heart palpitations	YES/NO
Diabetes	YES/NO	Chest discomfort with exertion	YES/NO	Epilepsy	YES/NO	Asthma	YES/NO
Stroke	YES/NO	Dizziness, blackouts, fainting	YES/NO	Breathlessness	YES/NO	Blood Infections	YES/NO
Arthritis	YES/NO	Hypertension	YES/NO				

and/or is there any other reason that prevents you from participating in an exercise program?

\_\_\_\_\_

**Informed Consent to Exercise/Cancellation of session terms:** I, \_\_\_\_\_ understand that in signing this document; affirm that I have read this form in its entirety and that all questions have been answered to the best of my knowledge & satisfaction. My participation in any proposed exercise regime is totally voluntary, that is to say I assume full liability for any harm to me as I regulate my participation levels of involvement, further to this I understand that I assume the risk of any action and such exercise, and further agree to hold both the promoter People Who Care Inc. and the exercising entity Mind Over Matter Health & Fitness from any and all claims, law suits, incurred losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise arising in any way from participation in today's event and exercise regime. I have been given the go ahead from my health professional to perform light exercise. I give consent to Ruth Goncalves, my personal trainer, to place her hands on my body for instruction purposes of training and in a professional manner conducive with fitness training. This form was signed without duress, coercion by the participant and as a contract is governed by the laws of Western Australia.

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORMS TO [events@peoplewhocare.org.au](mailto:events@peoplewhocare.org.au)  
OR BRING YOUR COMPLETED FORM ON THE DAY TO OUR REGISTRATION TENT**