

Getting Started

Regular physical activity is fun, healthy, and very safe for most people, but some should check with their doctor before starting to get much more physically active. Answering the questions below, using your common sense as your best guide.

PLEASE READ CAREFULLY AND ANSWER HONESTLY YES OR NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <i>and</i> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <i>any other reason</i> why you should not do physical activity?

IF YOU ANSWERED YES TO ONE OR MORE QUESTIONS:

Talk to your doctor by phone or in person BEFORE you start training with me. Tell your doctor about this questionnaire 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 your considering increasing your physical activity under the guidance of a licensed physical therapist and follow the doctor’s advice.

IF YOU ANSWERED NO TO ALL QUESTIONS:

If you answered NO honestly to *all* the questions, you can be reasonably sure that you can start training with me.

INFORMED CONSENT:

The Jump Start Workouts presents a program of progressively intensified strength and conditioning exercise and unavoidably carries certain risks. I acknowledge the inherent injury risk including but not limited to bruise, concussion, fracture, illness, sprain, strain, and, in rare cases, heart attack, stroke, or possibly death associated with a program of physical exercise. I also acknowledge that I alone am responsible for all consequences resulting from following the advice I receive. I accept and assume all risks, hazards, and dangers involved in any activities in which I may elect to participate. I and my agents, assignees, heirs, officers, or representatives further agree to enter into a covenant not to sue and forever waive, release, and hold harmless Paul Grohne and Jump Start Workouts from all claims, demands, judgments, or any other liability arising out of my participation in this program. I state that I have fully read and understood this notice.

NAME		PHONE	E-MAIL
AGE	EMERGENCY CONTACT NAME, RELATION		EMERGENCY CONTACT PHONE
SIGNATURE		DATE	HOW DID YOU HEAR OF ME?