



## Client Information

*For a minor, please include information for both the child as well as the parent or legal guardian*

Preferred Name: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

USA Triathlon Membership number: (if available): \_\_\_\_\_

American Cycling Association Membership number (ACA): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

The section below is a physical activity readiness questionnaire. Please read the questions carefully and answer each one honestly. Check either yes or no.

**YES**

**NO**

Has your doctor ever said that you have a heart condition and/or 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, (for example: back, knee, or hip) that could be made worse by a change in your physical activity?

Is your doctor currently prescribing drugs for your blood pressure or heart condition?

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

I have read , understood, and completed this questionnaire completely and honestly.  
Any questions I had were answered to my full satisfaction.

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

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

*(if under 18, signature required of Parent or Legal Guardian)*



## Release of Liability

I understand and am aware that the sport of triathlon including but not limited to the activities of running, bicycling, swimming in a pool or open body of water, strength training, flexibility, and any other related activity is potentially hazardous. I understand these activities involve risk of injury and even death. I am voluntarily participating in these activities with the knowledge of the dangers involved and I hereby agree to expressly assume and accept all risks of injury or death.

initial \_\_\_\_\_

In consideration of being allowed to participate in the activities, programs and direction of PEAK Multisport and/or use of it's facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge PEAK Multisport and it's officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities of PEAK Multisport or the use of any equipment provided by Fast-Tri Sports.

initial \_\_\_\_\_

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any activity mentioned above or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise / fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

*(if under 18, signature required of Parent or Legal Guardian)*