

Train like your life depends on it.
Because it does.



Zombie Apocalypse Training Academy
www.BussFit.com

Health History Questionnaire

Today's Date ___/___/___ Name _____
Street Address _____
City _____ State _____ ZIP _____
Phone _____ Email _____
Date of Birth ___/___/___ Age _____ Sex M F Height _____ Weight _____
Emergency Contact _____ Phone _____

PLEASE CIRCLE ALL THAT APPLY

High blood pressure	Joint Problems	Cancer	Scoliosis
Diabetes	Fractures	Asthma	Balance
Liver Disease	Smoker	Chronic Illness	HIV
Pregnant	Recent Surgery	Allergies	Hepatitis A, B, C, D
Shortness of Breath	Arthritis	Neurological	Circulation
Back Problems	Post-Partum	Respiratory	Bladder
Heart Problems	Seizures	Hernia	

If you circled any of the above, please explain _____

Please list all current medications you take _____

What are your fitness goals? _____

Current physical activity level and time spent exercising _____

Do you have any joint pain or problems that may affect which exercises you can be prescribed? _____

List any major surgeries or illnesses not listed above _____

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**Waiver, Informed Consent, and
Covenant Not to Sue**

In agreeing to participate in fitness activities with Z.A.T.A. and its trainers, I agree to the following:

Initial _____ I fully understand and acknowledge that recreational and fitness activities have inherent risks, dangers, and hazards, and such exist in my use of any equipment and my participation in these activities.

Initial _____ My participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to, bodily injury, disease, strains, fractures, partial and/or total paralysis, death, or other ailments that could cause serious disability.

Initial _____ These risks and dangers may be caused by the negligence of the representatives, trainer(s), participants, or the negligence of others. By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the trainer(s) or by any other person.

Initial _____ I, on behalf of myself, my personal representatives, and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify ZATA, Fitness Physiology, Russell Craber, and his representatives and employees from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services, or otherwise which may arise out of my use of any equipment or participation in these activities.

Initial _____ I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives and employees of ZATA, Fitness Physiology, and Russell Craber.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT, AGREE IT IS MY INTENTION TO EXEMPT AND RELEASE ZATA, FITNESS PHYSIOLOGY, AND RUSSELL CRABER FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Participant's Name (please print): _____

Participant's Signature: _____ Date: _____