



PEAK CENTRE

FOR HUMAN PERFORMANCE

Client Information

PERSONAL INFORMATION

Name: _____ Date: _____

Gender: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

E-mail: _____

ACTIVE HISTORY INFORMATION

Activity or Sport Participation: 1. _____
(BE SPECIFIC) 2. _____

Level: _____ Number of Years Involved: _____
(E.g. General Fitness, Health, Recreational, Local, Provincial, National)

Have you been following a structured training plan? **YES / NO**

Who monitored/designed your training program? _____

PEAK INFORMATION

How did you hear of the PEAK Centre? _____
(Advertisement, Internet, seminar, friend, family, co-worker)

Add to e-mail list for Newsletter and Special Promotions from PEAK Centre? **YES / NO**



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Consent and Waiver Form

I confirm that the assessment and the risks related thereof have been fully explained to me and I had an opportunity to ask questions about the demands of taking such assessment. I am fully aware that the assessment proposed includes some risks of injury i.e. physical discomfort, headache, nausea, dizziness, fatigue, metabolic disruption, muscle stiffness and soreness, and in rare cases vascular centered problems or heart attack since such assessment will require high levels of physical effort. I am aware that at any time I may choose not to proceed with the assessment or any part thereof. I also understand that the appraiser upon observation of any abnormal response may terminate the assessment.

I confirm that I do not suffer from any chronic medical problems and I fully understand that it is my responsibility to inform the Centre's personnel of any injury, illness, infection, drug or condition, which could prevent my full participation in the assessment. I am aware that the decision to allow me to undertake the assessment is founded on the assumption that I am a healthy person and that such assumption is based on the information that I have supplied to the Centre, which information I warrant to be accurate in all respects.

In consideration of my being allowed to be assessed, I hereby release and discharge, and by these presents for myself, my heirs, executors, administrators and assigns release and forever discharge the PEAK Centre for Human performance and their directors, employees and agents from any and all actions, causes of actions, claims and demands for damages, loss, injury or death, however arising, which heretofore may have been or may be hereafter sustained by me or result from my participation in the fitness assessment including all damage, loss and injury not now known or anticipated by which may arise in the future and all effects and consequences thereof.

Consent and Waiver Form Acknowledgement

I, _____, hereby consent to take the _____ fitness assessment to be administered by the PEAK Centre for Human Performance and I hereby authorize the said centre to perform the tests required for such an assessment. I acknowledge that I have read and fully understood the Consent Waiver Form and I consent to participate in the fitness assessment.

IN WHITNESS WHEREOF I here unto set my hand this _____ day of _____ 2011,
at Kanata in the Province of Ontario.

Witness

Participant

Parent/Guardian(under18)