BLUE COLLAR GRIND
fitness made convenient

Pre Exercise Questionnaire/ Waiver

Name _____ DOB _____

Address _____

Email_____

Mobile_____

Do you smoke? Yes No

Are you pregnant? Yes No

*Have you ever had or experienced?*

| | | |
|---|---|---|
| ☐ Heart trouble/history | ☐ Arthritis | ☐ Epilepsy |
| ☐ Pain in the chest | ☐ Asthma | ☐ Sports injury |
| ☐ Faint or dizzy spells | ☐ Bone or joint problems | ☐ Depression |
| ☐ High Blood Pressure | ☐ Back Problems | ☐ Other _____ |

*I _____ , understand that Orlando Johnson/ Blue Collar Grind LLC is not able to provide me with medical advice with regard to any medical conditions I may have and that this information is used only as a guideline to exercise. I will not hold Orlando Johnson/ Blue Collar Grind LLC liable in anyway for any injuries that may occur while I am training.*

Signed_____ Date_____/___/_____