

Roots Boxing & Fitness Gym Intake Form & Health Questionnaire

Personal Information:

Full Name: _____ Date of Birth: _____
Physical Address: _____
Phone Number: _____ Email Address: _____
Emergency Contact: _____ Phone Number: _____

Health Information:

1. **Do you have any pre-existing medical conditions?** (e.g., asthma, diabetes, heart conditions, dizzy spells, bone or joint problems, etc.)

Yes ☐ No ☐ Prefer not to say ☐

If yes, please specify: _____

2. **Are you currently taking any medications?**

Yes ☐ No ☐ Prefer not to say ☐

If yes, please specify: _____

3. **Have you been injured or have pain in any parts of your body?** (e.g., neck, upper back, lower back, shoulders, wrists, elbows, knees, etc.)

Yes ☐ No ☐ Prefer not to say ☐

If yes, please specify: _____

4. **Do you have any current injuries or physical limitations?**

Yes ☐ No ☐ Prefer not to say ☐

If yes, please specify: _____

Fitness Goals:

1. What are your primary fitness goals?

- | | | | | | |
|------------------------------|--------------------------|----------------------|--------------------------|-----------------------------|--------------------------|
| Weight loss | <input type="checkbox"/> | Muscle gain | <input type="checkbox"/> | Better posture | <input type="checkbox"/> |
| Better mood / stress release | <input type="checkbox"/> | Strength improvement | <input type="checkbox"/> | Cardiovascular conditioning | <input type="checkbox"/> |

Other, please specify: _____

2. How often do you currently exercise each week?

- | | | | | | |
|----------|--------------------------|-----------|--------------------------|-----------|--------------------------|
| 4+ times | <input type="checkbox"/> | 2-3 times | <input type="checkbox"/> | 0-1 times | <input type="checkbox"/> |
|----------|--------------------------|-----------|--------------------------|-----------|--------------------------|

3. What is the intensity of your average exercise?

- | | | | | | |
|------|--------------------------|--------|--------------------------|-----|--------------------------|
| High | <input type="checkbox"/> | Medium | <input type="checkbox"/> | Low | <input type="checkbox"/> |
|------|--------------------------|--------|--------------------------|-----|--------------------------|

Boxing Experience:

1. Are you interested in participating in boxing or boxing-related exercises?

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If you answered "No" to the previous question, you can proceed to the Waiver Form.

2. Have you participated in boxing or any other combat sports before?

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If yes, please specify: _____

3. What is your current skill level in boxing?

- | | | | | | |
|----------|--------------------------|--------------|--------------------------|----------|--------------------------|
| Beginner | <input type="checkbox"/> | Intermediate | <input type="checkbox"/> | Advanced | <input type="checkbox"/> |
|----------|--------------------------|--------------|--------------------------|----------|--------------------------|

4. Do you consent to being supervised by a coach at all times during sparring sessions?

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Wavier, Release, and Assumption of Risk Form

In consideration of being allowed to participate in the activities and programs of Roots Boxing & Fitness Gym and to use its facilities, equipment, and services, I, the undersigned, hereby acknowledge and agree to the following:

1. **Voluntary Participation:** I acknowledge that my participation in the activities, programs, and use of the facilities at Roots Boxing & Fitness Gym is voluntary and that I am in good health and proper physical condition to participate in such activities.
2. **Assumption of Risks:** I fully understand and accept that boxing, fitness, and related activities involve inherent risks and dangers, including but not limited to, physical injury, emotional stress, or even death. I knowingly and freely assume all such risks, both known and unknown, and I accept full responsibility for my participation.
3. **Release of Liability:** I, on behalf of myself, my heirs, assigns, personal representatives, and next of kin, hereby release, discharge, and hold harmless Roots Boxing & Fitness Gym, its owners, employees, agents, and representatives from any and all liability, claims, demands, or causes of action arising out of or related to any injury, illness, disability, death, or loss or damage to person or property that may occur during or as a result of my participation in any activity or program at Roots Boxing & Fitness Gym.
4. **Medical Treatment:** I consent to receive medical treatment deemed advisable in the event of injury, accident, and/or illness during my participation. I release Roots Boxing & Fitness Gym and all associated persons from claims, demands, or actions in connection with such treatment.
5. **Indemnification:** I agree to indemnify and hold harmless Roots Boxing & Fitness Gym, its owners, employees, agents, and representatives from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, arising out of my involvement in activities or use of the facilities at Roots Boxing & Fitness Gym.
6. **Compliance with Rules:** I agree to adhere to all gym rules, policies, and procedures established by Roots Boxing & Fitness Gym, understanding that non-compliance may result in my being asked to discontinue participation.
7. **Photography and Video Release:** I grant Roots Boxing & Fitness Gym permission to use photographs and/or video recordings of me taken during participation in activities for promotional purposes, without compensation.

Acknowledgment of Understanding: I have read this Waiver, Release, and Assumption of Risk form, fully understand its terms, and understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing this form freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Signature: _____

Date: _____

Parent/Guardian
Signature (if under 18): _____

Date: _____