

**TEAM J.A.B.  
ENROLLMENT & WAIVER**

Name \_\_\_\_\_  
(Last) (First) (MI)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone \_\_\_\_\_  
(Home) (Mobile/) DOB // Weight Sex: M F

\_\_\_\_\_  
Private Physician Phone Emergency Contact Phone

Your Email \_\_\_\_\_

**SECTION I: RISK ASSESSMENT**

Have you ever had any form of heart disease? YES NO

Have you ever experienced shortness of breath or chest pain? YES NO

Date of last full physical \_\_\_\_\_

High Blood Pressure YES NO	Knees YES NO	High Cholesterol Level YES NO
Low Back YES NO	Cigarette Smoking YES NO	Neck/Shoulders YES NO
Hips/Pelvis YES NO	Diabetes YES NO	Flexibility YES NO

Are you currently taking any medication? YES NO Explain: \_\_\_\_\_

**SECTION II: AGREEMENT**

\_\_\_\_\_  
Participant Signature (sign & print name) Month, day, and year

Parent or Guardian Signature (if Participant is under the age of 21)

I, \_\_\_\_\_, (FULL NAME) agree to participate in TEAM J.A.B. Training with Jenifer Alcorn, NASM CPT. I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardiorespiratory systems. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by TEAM J.A.B. (Jenifer Alcorn). I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instances of heart attack or even death. I agree to waive, release, remise and discharge TEAM J.A.B. (Jenifer Alcorn) and its agents, officers, principals and employees of any and all claims, demands, actions or damages of any kind resulting from participation in TEAM J.A.B. classes or individual training sessions. The undersigned hereby releases TEAM J.A.B. (Jenifer Alcorn) as well as waives any and all claims and understands and assumes any and all risk with participation in TEAM J.A.B. Training.