

GET FAST INC.

ATHLETE INFORMATION

(please print clearly)

First _____ **Last** _____ **Date** _____

Age: _____ **Birth Date:** _____

Gender: M or F

School: _____

Club Team _____

Sport(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Email Address:** _____

Emergency Contact: _____ **Emergency Phone:** (____) _____

Father's Full Name: _____

Mother's Full Name: _____

Medical Information / Risks: _____

* I HEARD ABOUT THE GET FAST INC. PROGRAM FROM;

Signed: _____ (Athlete) **Date** _____

_____ (Parent or Guardian if athlete is under 18)

_____ (Training Center Director)

ATHLETE HEALTH HISTORY

Read questions carefully and answer yes or no.
(no lines down the middle of either column please)

Explain "Yes" answers with explanation under question or at end of form.

- | | | |
|---|-----|----|
| 1. Have you had a medical illness or injury since your last check-up or sports physical? | Yes | No |
| 2. Do you have an ongoing or chronic illness?
(i.e., diabetes, anemia, tendency to bruise or bleed easily) | Yes | No |
| 3. Do you have a persistent cough? | Yes | No |
| 4. Have you ever been told to give up sports due to a medical problem? | Yes | No |
| 5. Have you had any hernia or kidney problems? | Yes | No |
| 6. Have you been hospitalized overnight? | Yes | No |
| 7. Have you ever had Surgery? | Yes | No |
| 8. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? | Yes | No |
| 9. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | Yes | No |
| 10. Do you have any allergies (for example, to pollen, medicine, food, stinging insects)? | Yes | No |
| 11. Have you ever had a rash or hives develop during or after exercise? | Yes | No |
| 12. Have you ever passed out during or after exercise? | Yes | No |
| 13. Have you ever been dizzy during or after exercise? | Yes | No |
| 14. Have you ever had chest pain during or after exercise? | Yes | No |
| 15. Do you get tired as quickly as your friends do during exercise? | Yes | No |
| 16. Have you ever had racing of your heart or skipped heartbeats? | Yes | No |
| 17. Have you had high blood pressure or high cholesterol? | Yes | No |
| 18. Have you ever been told you have a heart murmur? | Yes | No |
| 19. Has any family member or relative died of heart problems or of sudden death before age 50? | Yes | No |
| 20. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | Yes | No |

21. Has a physician ever denied or restricted your participation in sports for any heart problems? Yes No
22. Do you have any current skin problems (for example, itching, rashes, warts, fungus, blisters)? Yes No
23. Have you ever had a head injury or concussion? Yes No
24. Have you ever been knocked out, become unconscious, or lost your memory? Yes No
25. Have you ever had a seizure? Yes No
26. Do you have frequent or severe headaches? Yes No
27. Have you ever had numbness or tingling in your arms, hands, legs or feet? Yes No
28. Have you ever become ill from exercising in the heat? Yes No
29. Do you cough, wheeze, or have trouble breathing during or after activity? Yes No
30. Do you have asthma? Yes No
31. Do you have seasonal allergies that require medical treatment? Yes No
32. Do you use any special protective or corrective equipment or devices that are not usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? Yes No
33. Have you had any problems with your eyes or vision? Yes No
34. Have you had any problems with your ears or hearing? Yes No
35. Have you ever had a sprain, strain, or swelling after injury? Yes No
36. Have you broken or fractured any bones or dislocated any joints? Yes No
37. Have you had any other problems with pain or swelling in muscles, tendon, bones or joints? Yes No

COMMENTS TO "YES" ANSWERS

**ATHLETE CONTRACT
GET FAST INC.
PROGRAM**

Explanation of the Get Fast Inc. Program

_____ During the Get Fast Inc. I will perform various exercises including: super treadmill work-outs (both forwards and backwards), plyometrics, and weight training. These three components, along with my hard work, have been known to yield excellent results. The program will also compliment my body's efficiency and ability to store and utilize the fuel that it needs to exercise and compete at a maximum level. The Program is a high-performance results-oriented program. Therefore, the highest of expectations in attitude, discipline and respect will be held by the athlete in order to attain maximal results.

Training Fees

_____ There will be no training fees collected at the free trial session. Prior to the pre-test session a contract must be signed and the testing and first months fees will be collected. Under no circumstances will membership contracts be cancelled or put on hold and under no circumstances will refunds be given.

Arrival Time for Scheduled Sessions

_____ Proper stretching and warm-up are essential to the success and prevention of injury to both the athlete and Get Fast Inc's Athletic Republic Program. Therefore, it is mandatory that each athlete arrive at the Acceleration Facility at least 15 minutes prior to the scheduled appointment. If the athlete is less than 15 minutes prior to the session, the warm-up and flexibility exercises will still be performed, but the Acceleration session will be shortened by the amount of time the athlete is late. If previous notification is given that the athlete will be late, the appropriate arrangements may be made.

Training Attire

_____ Proper clothing must be worn to training sessions, preferably shorts, a t-shirt and clean running shoes. Shoes need to be provided for training only during program participation. Several reasons for this include cleanliness and protection of the equipment as well as injury prevention for the athlete. If an athlete arrives to train with a dirty, muddy or worn out pair of shoes they cannot participate until the shoe problem is rectified.

Cancellation Policy and Late Payment Policy

_____ **All cancellations will need to be made at least 24 hours in advance.** Cancellations with less than 24 hours notice or no-shows will result in the athlete being charged for a session and a **\$10.00 fee will be assessed at the end of the month per session. \$50.00 will be assessed to any account that the credit card is declined or cannot be charged or a check is turned in late. It is my responsibility to make sure my account stays in good standing at all times .NO exceptions will be made to this policy.**

Athlete Signature: _____ Parent / Guardian Signature _____

Training Center Director _____ Date _____

Disclosures about Risks and Discomforts

_____ As with any rigorous exercise program, there exists the possibility of certain changes and risks during my workouts in the Get Fast Inc's Training Program. These Include: abnormal blood pressure, light-headedness, nausea, irregular heart beat, and in rare instances, heart attack, or stroke. Every effort will be made to minimize these abnormalities by professional observation during workouts. Trained personnel are available to deal with unusual situations, which may occur. All clients must have had clearance for rigorous physical activity from a physician, with a current physical in the past year. A cardiac risk factor assessment must be included for males 35 years of age and older, and females, 40 years of age and older.

_____ I hereby release Get Fast Inc, and all staff from any and all liability now and in the future including, but not limited to; heart attacks, muscle strains, muscle pulls or tears, broken bones, shin splints, heat prostration, knee/foot/ankle/back injuries and any other illness, soreness or injury, however caused, occurring during or after my participation in the Get Fast Inc. and training programs.

_____ In the event any party to this release brings suit to enforce or interpret any provision of this release, or is required to defend any action or proceeding, the defense to which is based upon any provision of the release, the unsuccessful party agrees to pay the prevailing party the court costs and attorney's fees actually incurred by the successful party.

Special Considerations

_____ During my participation in the Get Fast Inc program, there will be times that I will experience one on one contact with staff members. The training staff will be instructing me on proper stretching which I will perform on a daily basis prior to my workout times. These stretches may be done by a staff member or another program participant.

_____ For my safety during the treadmill workouts, I understand that a Get Fast Inc staff member will spot me. This requires the placement of the hand in the lumbar-sacral area to stabilize my trunk and assist me as I run, especially during elevation running. I understand, and consent to, such one on one contact, as well as other training related touching or contact.

Acceleration Training Program Activity Guidelines

_____ I understand that the Get Fast Inc. program involves training protocols. I realize that in-season and/or out-of-season practices, games or skill development sessions (camps, open gym, ect.) sponsored by athletic departments and coaching staffs may arise and I will bring these instances to the attention of the Staff prior to their occurrence so they may adjust my program. I accept full responsibility for scheduling my sessions.

Assumption of Risk Agreement and Release

_____ By signing this form, I assume all risks of injury while using any equipment, facilities, or instruction at facilities for training and I waive any and all claims against Get Fast Inc. and for training and owners and employees of it for any such claim and agree to use the facilities, equipment and instruction at the Get Fast Inc. program for training as prescribed at my own risk.

Athlete Signature: _____ Parent / Guardian Signature _____

Training Center Director _____ Date _____

Freedom of Consent

_____ I have read the above information (6 pages) and I understand the exercise procedures that I will perform, as well as the potential risk involved. I also understand that my consent to participate also gives the Get Fast Inc and Athletic Republic staff the right to use the data obtained from my participation in the Program for research and publications. I fully understand that Get Fast Inc. and Get Fast Geneva are completely different companies which provide similar services.

Athlete Signature: _____ Parent / Guardian Signature _____

Training Center Director _____ Date _____