

HEALTH & FITNESS DATA

Metabolic-Cardiorespiratory Fitness Profile

NAME
ADDRESS
PHONE home cell
EMAIL

Birth Date **Age**
Height
Weight
Body Fat % (if known):

Health History for:

Heart---

Lungs---

Blood Pressure---

Persistent injuries (musculo-skeletal dysfunction) **illness/disease** etc..

Training History: Please include type of exercise, how often, session duration, intensity on 1-10 scale and comment for like / dislike of that activity (ie "Run= like, Swim=like, Bike= neutral, weights=dislike etc....)

(Recent / 30 days)

(Past / 1 year)

(Past / 2- 5 years)

GOALS: Performance, weight loss, maximize wellness, look/feel good, time goals, improve run, and or...(list all or some goals in order of priority if possible). Please list goal races as well if you have them.

Please provide **Self Rated Perception** response.

(Scale 1=poor, 2=fair, 3=good, 4=very good, 5=excellent). Rate yourself in each of following categories (do not compare to others) - just where you are - RIGHT NOW.

Please add comments after number.

Health: Strength: Endurance: Recovery Capacity:

Nutrition Quality: Hydration Mgt: Sleep/Rest Quality:

Endurance Sports Importance in Life scale of 1- 15 (1 I'm doing this because someone is making me, 15 it is my life):

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Because of the level of fitness required and the possibility of injury you must agree to the following Liability Statement before participating in Texas Triple Threat fitness testing.

1. In consideration of being allowed to participate in the activities of Texas Triple Threat, Todd Codish, Kristen Warner, or any of it's agents I do hereby waive, release and forever discharge Todd Codish, Kristen Warner, or any of it's agents from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities conducted by Texas Triple Threat.

2. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and accept any and all risks of injury, or death. It is understood that there are inherent risks involved in exercising, including but not limited to musculoskeletal injuries, strain on muscles, joints and connective tissues, muscle soreness, muscle cramps, abnormal blood pressure, alterations in menstrual cycle, irregular heartbeat, light headedness, dizziness, nausea and in rare cases, even stroke, heart attack, and death.

3. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness program. I also acknowledge that it has been recommended that I have a yearly, or more frequent, physical examination and consultation with my physician as to physical activities, exercise, and use of exercise and training equipment. I acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activity and use of exercise equipment and machinery without the approval of my physician.

I do hereby assume all responsibility for my participation with Texas Triple Threat and activities.

Client Signature: _____

Client Printed Name: _____

Date: _____

Thank you for taking the time to fill in data. This data is essential to match to your performance test results with regard to program design.