

# SHAPE UP SARASOTA! FLC CONTESTANT APPLICATION

Please return all materials to JD Doyle, [jd@ultimate-u.com](mailto:jd@ultimate-u.com) or Fax 888-781-5982

Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Date \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Age: \_\_\_\_\_ Weight \_\_\_\_\_ Height: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please state your personal goal(s) in entering this contest. How much do you hope to lose?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever or do you currently exercise? If yes, please describe your workout routine.

\_\_\_\_\_  
\_\_\_\_\_

Are you currently a member of a gym or fitness center? If not, where do you train? \_\_\_\_\_

Please describe any past or current injuries, illnesses, or orthopedic problems.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any medications? If so, please list name and dosage.

\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking any vitamins or nutritional supplements? If so, please list.

\_\_\_\_\_  
\_\_\_\_\_

How many hours per week can you commit to exercise? \_\_\_\_\_

Would you like to subscribe to our fitness newsletter, *The Ultimate-U News*? \_\_\_\_\_

How did you hear about our contest? \_\_\_\_\_

**REFUND POLICY:** The class must be paid in full before the start of the first session. If, after the first session, you decide you do not want to commit to the contest, you will be given a full refund. After the first session, there is no refund if you decide not to finish the contest. If there is a valid medical reason you cannot complete the 10 weeks, a pro-rated refund will be issued.

**I have read and agree to the REFUND policy.** \_\_\_\_\_

**RIGHT TO USE IMAGES:** I understand that to be eligible for the Grand Prize, I must consent to “before” and “after” photos that expose my bare arms, legs, and midsection. I also understand that if I win the Grand Prize, Ultimate-U Fitness, Inc. has the right to use my images in advertisements and promotions, both online and in print.

**I have read and agree to the RIGHT TO USE IMAGES policy.** \_\_\_\_\_

**Physical Activity Readiness Questionnaire (PAR-Q)**

Please check the YES or NO column opposite each question as it applies to you.

Yes	No	
		1. Has your doctor ever informed you that you have heart trouble, or recommended you engage in only medically supervised physical activity?
		2. Do you frequently experience pain in your heart or chest or chest pain that occurs during physical activity?
		3. Do you often feel faint or have spells of severe dizziness?
		4. Has a doctor ever informed you that your blood pressure is too high?
		5. Are you aware of, or has a doctor ever informed you of a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?
		6. Is there any good reason, not mentioned here, why you should not follow a vigorous conditioning program without medical supervision even if you wanted to?
		7. Are you over 65 and not accustomed to vigorous exercise?

Medical Clearance: If you have answered YES to any of the above questions, or if there are any physical problems that would possibly impair your partaking in an individualized, vigorous conditioning program or put you at any risks, you will need to have a **Medical Clearance Form** completed by your doctor prior to starting your conditioning program.

### **Waiver of Liability**

As a participant in an individualized, vigorous conditioning program pursuant to this questionnaire, I voluntarily intend to and will engage in strenuous athletic and physical fitness activities as a part of my overall conditioning program. I understand that these athletic and physical activities involve certain risks and exposure to personal injury. These risks and exposure I voluntarily assume by engaging:

**J.D. Doyle / Ultimate-U Fitness, Inc.**

In the capacity of conditioning specialist for the purposes of designing, implementing, and evaluating my conditioning program. In partial consideration for the use of my conditioning program, I hereby release in full and forever discharge, Ultimate-U Fitness, Inc., the American Council on Exercise(ACE), it's fitness instructors, conditioning specialists, directors, officers, agents, and employees, whether acting within the scope of their employment or otherwise, on behalf of myself, my heirs, executors, assigns, administrators, and personal representatives from any and all claims, demands or causes of action relating to deriving from my activities related to my engaging and participating in my conditioning program which may result in my death or in an injury to my person or property of any sort whatsoever.

I declare to the best of my knowledge my answers are true, correct, and complete.

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**PRINT NAME**

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**Signature**

**DATE**

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**Do not write below this line**

**MD Clearance N/A or YES**

**Program date \_\_\_\_\_**

**Reviewed and Witnessed by:**

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