



Exercise Readiness Questionnaire & Medical Form Waiver
For Participation in the
Water Adventure & Restoration Retreat™ July 14 – July 21, 2018

First Name: _____ Last Name: _____

Date of Birth: _____ Contact number: _____ Email: _____

Regular exercise is associated with many health benefits. Increasing physical activity is safe for most people. However, some individuals should check with a physician before they become more physically active. Completion of this questionnaire is to determine if you need to consult with your physician about participation in the activities included in the LOTUS Fitness Retreats LLC. Water Adventure & Restoration Retreat™. Please read each question carefully and answer every question honestly:

Table with 10 rows and 3 columns. Columns: Yes, No, Question. Questions range from 'Has a physician ever diagnosed you with a heart condition...' to 'Do you know of any other reason you should not exercise...'.

If you answered yes to any of the above questions, talk with your doctor before you become more physically active. Tell your doctor your plan to travel on the Water Adventure & Restoration Retreat™ which will include exercise and to which questions you answered yes above.

If you honestly answered no to all questions you can be reasonably certain you can safely participate in the activities scheduled as part of the Water Adventure & Restoration Retreat™. If your health changes so that you would answer yes to any of the above questions, seek guidance from a physician.

Participant's Signature: _____

Date: _____

Emergency Contact: _____

Phone Number: _____

