MPX
FITNESS | TRAINING | MMA

Health History and Liability Waiver

Name: _____ **DOB:** _____

Email: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Does your physician know you are participating in this exercise event? ☐ Yes ☐ No

If not, are there any restrictions we should be aware of:

Are you currently taking medications? ☐ Yes ☐ No

If so, please list the medications:

Do you now or have you had in the past:

1.	History of heart problems, chest pain or stroke	☐ Yes	☐ No
2.	High blood pressure (hypertension)	☐ Yes	☐ No
3.	Any chronic illness or condition	☐ Yes	☐ No
4.	Difficulty with physical exercise	☐ Yes	☐ No
5.	Advice from physician not to exercise	☐ Yes	☐ No
6.	Recent surgery within the last 12 months	☐ Yes	☐ No
7.	Pregnancy (now or within the last 3 months)	☐ Yes	☐ No
8.	History of breathing or lung problems	☐ Yes	☐ No
9.	Muscle, joint or back pain (previous/current)	☐ Yes	☐ No
10.	Diabetes or thyroid condition	☐ Yes	☐ No
11.	Smoke Cigarettes	☐ Yes	☐ No
12.	Obesity (more than 20% over ideal body weight)	☐ Yes	☐ No
13.	High Cholesterol	☐ Yes	☐ No
14.	Hernia, or any condition that may be aggravated by lifting or physical activity	☐ Yes	☐ No

Please describe any items marked "yes" or list additional concerns:

Any items marked "yes" above on the health history form may require having a medical release prior to starting any group fitness or mixed martial arts classes, personal training, or exercise program at MPX. MPX is looking out for the best interest in all participants and may require/request a medical release from a physician prior to starting an exercise program with MPX.

I fully understand that starting an exercise program that an injury may occur and include the following (but not limited to): miscarriage, heart attack, muscle strains, pulls or tears, broken bones, soreness, COVID 19, and or injury occurring during or after my participation in an exercise program. I (print initial) _____, for myself, heirs and assigns, hereby release MPX, LLC from any claims, demands, and causes of action, now or in the future, arising from my participation in the exercise program. I have read, understand, and agree to all the terms and conditions listed above.

_____ _____

Signature *Date*