

Kelsey Mercer
3892 S. America West Tr.
Flagstaff, AZ 86001
Phone: [Your Phone]
E-Mail: dnrmusic@mac.com
Web: www.lcorbody.com

Health History & Release

Name _____ Date of birth: _____

Phone _____ email _____

Please indicate if you have/had any of the following health conditions and date of condition.

Heart attack, heart surgery, stroke, high blood pressure, asthma, diabetes, cancer, cosmetic surgery or other if not listed, as well as any medications you are taking:

If there is any other helpful health information that you think I should know please list it here:

HEALTH RELEASE

I release 1 CORbody and all affiliated parties from any liability in performance of exercises directed by Kelsey Mercer. I recognize that participating in this program demands certain physical challenges and that injuries can result from participation. I understand that if I have any questions regarding my ability to participate I should seek medical clearance from my physician.

I hereby certify that I have read and understand the above and have had the opportunity to ask any questions which I might have and those questions have been answered to my satisfaction.

Signature: _____

Date: _____