

Questionnaire for eFIRST Coaching Lifestyle and Training History

Please complete the questionnaire to the best of your knowledge. Taking the time to provide as accurate answers as possible will result in a more successful training program. All responses will be held in the strictest of confidence.

I. Personal Information

Date _____

First Name _____ Middle _____ Last _____

Preferred Name _____ Birthdate _____ Gender _____

Age _____ yrs. Weight _____ lbs. Height _____ inches

Address _____

City _____ State _____ Zip _____

Telephone No. _____ E-mail address _____

Occupation: _____

Approximately how many hours do you work a week? _____ hrs.

Emergency Contact _____ Telephone No. _____

Physician Name _____ Telephone No. _____

II. Medical Background:

- Are you currently under physician's care? Yes No _____
- Please list any medications you are presently taking: _____
- Do you have diabetes? Yes No _____
- Have you ever had a stroke? Yes No _____
- Has your doctor ever said you have heart trouble? Yes No _____
- Do you take asthma medication? Yes No _____
- Are you, or do you have any reason to believe, you may be pregnant? Yes No _____
- Is there any other physical reason that prevents you from participating in an exercise program (e.g. cancer, osteoporosis, severe arthritis, mental illness, thyroid, kidney, or liver disease)? Yes No _____
- Has your doctor ever told you that you have a heart murmur? Yes No _____

V. Current Training

Please describe your **current** exercise/training program. Try to give an example of a **typical** week (not an ideal or best training week). Please provide as much detail as possible. Indicate time, distance, effort, etc.

Day	Activity	Distance	Time	Effort	Comments
Monday					
Tuesday					
Wed.					
Thurs					
Friday					
Saturday					
Sunday					

Approximately how many hours a week do you exercise? _____

How often do you take a day off from training? _____

VI. Goals

General goals with FIRST.

- _____ Improve aerobic capacity and fitness
- _____ Reduce excess body fat
- _____ More systematic training program
- _____ Nutritional advice
- _____ Race faster
- _____ _____

Do you have any specific goals (races, events)?

Please list and describe your perceived strengths and weaknesses

Strengths

Areas needing Improvement

Please return this form to

FIRST
Department of Health and Exercise Science
Furman University
3300 Poinsett
Greenville, South Carolina 29613.

TRAINING PROGRAM WAIVER: All FIRST runners must print, read, sign, and return. Please read carefully before signing this acknowledgement, waiver and release from liability.

I acknowledge that training for and/or participating in a running event (training session or race) is strenuous and potentially hazardous and that such training and/or participation poses potential risks of serious bodily injury, death, or property damage. I should not run and participate in such a program unless I am physically able and properly trained.

I have provided the Furman Institute of Running and Scientific Training (FIRST) with information which in any way relates to or that could affect my physical health and attest that I am in good health and my physical condition has been verified by a licensed medical doctor.

I assume all risks associated with running in such a program including, but not limited to, injuries, falls, weather conditions and the hazards of running on roads and trails without traffic control. I certify that I am physically fit and have sufficiently trained for participation in this program and have not been advised otherwise by a qualified medical professional.

I hereby waive any and all claims or causes of action that I may now or in the future have against the FIRST Training Program (the "Program"), or against William Pierce, Ray Moss, Scott Murr, Kenneth McCauley or against any other FIRST staff assisting or associated with the Program in any manner whatsoever, where such claim or cause of action has arisen or may arise in any manner whatsoever out of my participation in the Program. I hereby release FIRST and all such persons from any and all claims, causes of action, or liabilities that have arisen or may arise out of my participation in the Program. I agree to abide by the decisions and recommendations of the FIRST staff relative to my ability and safety.

Furthermore, in return for my participation in this program, I on behalf of myself and my heirs or executors I hereby:

WAIVE, RELEASE, and DISCHARGE Furman University, its officers, directors, administrators, employees, consultants, coaches and agents from any claims, costs or liabilities for personal injury, illness, death or damages of any kind which I may have now, or at any time in the future, resulting from participation in this or any other program;

AGREE NOT TO SUE any of the persons or entities mentioned above for any claims, costs or liabilities that I have waived, released or discharged herein;

INDEMNIFY, DEFEND, and HOLD HARMLESS, the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

By my signature below I acknowledge that I have read and understand this waiver and release.

FIRST Client PRINTED Name _____

FIRST Client Signature _____ Date _____

FIRST Client Signature _____ Date _____
(Signature of Parent if Runner is under 18 years of age)

WITNESS Signature _____ Date _____