

# MEDICAL DISCLOSURE FORM

Name \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Smoker \_\_\_\_\_ How Long? \_\_\_\_\_

What is the present state of your health, as you perceive it?

\_\_\_\_\_

Physician \_\_\_\_\_ Tel# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Tel# \_\_\_\_\_

Please answer the following questions to the best of your knowledge:

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- 1) Have you consulted a doctor prior to joining this facility? \_\_\_\_\_
- 2) Has your doctor said you have heart trouble? \_\_\_\_\_
- 3) Do you frequently suffer from pains in your chest? \_\_\_\_\_
- 4) Do you have high blood pressure? \_\_\_\_\_
- 5) Do you have arthritis or any other problem that might be aggravated by exercise?  
\_\_\_\_\_
- 6) Are you diabetic? \_\_\_\_\_
- 7) Do you eat a balanced diet? \_\_\_\_\_
- 8) Are you pregnant? \_\_\_\_\_
- 9) Do you have any back problems? \_\_\_\_\_
- 10) Do you have difficulty with physical exercise? \_\_\_\_\_
- 11) Do you have a hernia or any other condition that may be aggravated by lifting weights?  
\_\_\_\_\_
- 12) Have you had surgery in the last 12 months? \_\_\_\_\_
- 13) Are you taking any medications or drugs? \_\_\_\_\_

This form is intended for informational purposes only. It in no way represents acceptability to participate in any exercise activity. A consultation with your physician should be performed before starting any exercise program.

Signature \_\_\_\_\_ Date \_\_\_\_\_



TWO  
PEAKS **fitness**

**PLEASE READ AND SIGN BACK SIDE**

# WAIVER, RELEASE OF LIABILITY AND ASSUMPTION OF RISKS

To be Completed and Signed by every Member and Guest using the Two Peaks Fitness Facility (hereinafter, the "Facility"):

**DISCLAIMER: THE FACILITY IS NOT RESPONSIBLE FOR ANY INJURY, INCLUDING DEATH, OR LOSS OF PROPERTY TO ANY PERSON SUFFERED WHILE ON THE PREMISES OR PARTICIPATING IN THE USE OF THE FACILITY FOR ANY REASON INCLUDING BUT NOT LIMITED TO THE UTILIZATION OF ANY EQUIPMENT OR THE PLAYING, PRACTICING, OR SPECTATING OF ANY ACTIVITY OCCURRING IN OR ABOUT THE FACILITY PREMISES.**

In consideration of my participation in and use of the Facility, I hereby release and covenant not to sue the Facility, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all present and future claims resulting from ordinary negligence and inherent risk of use of the facilities and equipment of the Facility; including but not limited to any loss, injury, damage, or liability sustained by me while on or about the premises of the Facility.

I am fully aware and understand that the Facility does not have on or about the Facility premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services including but not limited to emergency cardiovascular assistance.

I am also fully aware and understand that such losses, injury, disability, or death may result from the actions, in actions or negligence on my part, on the part of the Facility, on the part of others, the rules of play, or the condition of the Facility's premises or equipment.

I agree that immediately prior to participating in any activity occurring in or about the Facility's facilities I will inspect the facilities and equipment to be used and if any defect is apparent I will not use the facility or equipment and I will notify the management of the Facility of the defect.

I further agree that if I am not knowledgeable in the proper use of any of the Facility's facilities or equipment I will obtain proper instruction for the correct use of such facility or equipment from a qualified individual before I will use the facility or equipment.

I further agree to indemnify and hold harmless the Facility, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees for any and all claims arising from my involvement in or receiving instruction for the Facility's activities incidental thereto wherever, whenever, and however the claims may arise; including but not limited to travel to and from the Facility or related activity sites and participation at remote sites.

I assume all the foregoing risks and accept personal responsibility for any damages and loss following any loss of property, injury, permanent disability, or death resulting there from.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER, RELEASE, AND ASSUMPTION OF RISK AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE, AND ASSUMPTION OF RISK, AND SIGN IT VOLUNTARILY.**

Any person under the age of 18 years must have a parent or guardian co-sign this form.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This institution is an equal opportunity provider and employer.