

EverFit

Information Sheet

Name: _____ Date: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
Occupation: _____ Marital Status: _____
Date of Birth: _____ Email Address: _____

Physician Information

Physician's Name: _____ Specialty: _____
Phone: _____ Fax: _____

Physician's Name: _____ Specialty: _____
Phone: _____ Fax: _____

Does your physician know that you are participating in an exercise program? _____
When is the last time you saw your physician? _____
Has your physician ever advised you not to exercise? _____

Medical

Do you smoke cigarettes? _____ If so, how much per day? _____
Are you currently or have you been pregnant in the last 3 months? _____
Have you experienced any chronic illness or condition? _____
Do you have a history of heart problems or any other genetic disorder within your immediate family? _____

Do you have any other medical condition that may affect your ability to participate in an exercise program (anything that wasn't mentioned in the interview sheet)? _____

Comments: _____

Emergency Contact Information

Name: _____ Relationship: _____
Phone: _____ Other Phone: _____

I understand that the staff employed at this facility is not qualified to make medical assessments of my health or my physical ability to attend this exercise program, and it is my responsibility to check with my physician before starting any exercise program.

Signature: _____ Date: _____

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the activities and programs of this exercise facility and to use its facilities, equipment, machinery, services and products in addition to the payment of any charge, I do hereby waive, release, and forever discharge this exercise fitness facility and its owners, partners, officers, agents, employees, representatives, executors, sub-contractors, landlords and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activity or my use of equipment, machinery, products or services that this fitness facility offers. I do also hereby release all of those mentioned and any others acting upon this fitness facility's behalf from any responsibility or liability for any injury, damage or loss to myself, my family or my property, including those caused by the negligent act or omission of any person or persons, business entity, including landlord and owners, agents, partners, sub-contractors, sub-leasee or employees or others acting on their behalf or in any way arising out of or connected with my participation in any activities, equipment, service or product use by myself or my family at this fitness facility.

Please Initial _____

2. I understand and am aware that the strength, flexibility and aerobic exercise, including the use of equipment, services and products that this facility may offer are a potentially hazardous activity. I also understand that fitness activities, weight loss products and weight loss services involve a risk of injury and even death, and that I am voluntarily participating in these activities and using the equipment, machinery, services and products with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death and agree to hold harmless all parties involved with this fitness facility.

Please Initial _____

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in an exercise program or use of equipment or machinery, except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, or utilization of equipment and machinery in my activities.

Date

Signature