



EXERCISE RELEASE FORM

ANY MEMBER OR GUEST MUST COMPLETE THE FOLLOWING EXERCISE RELEASE FORM BEFORE YOU MAY BEGIN YOUR EXERCISE PROGRAM. IF YOU ARE A MEMBER, THIS FORM SHOULD BE COMPLETED IN CONJUNCTION WITH THE PAR-Q QUESTIONNAIRE, HEALTH HISTORY QUESTIONNAIRE, AND MEDICAL REFERRAL FORM.

Member: Member #: _____

Guest

Personal Information

Person's Name:	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
Person's Phone Number:	(Home): () -	(Work): () -		
Person's Address:	Street	City	State	Zip

Guest Pass Information

Member's Name:	_____
Member's Phone:	_____
Date of Visit:	_____
Payment:	_____

(For Members Only)

The following forms should be completed in conjunction with the *Exercise Release Form*:

<input checked="" type="checkbox"/> I have completed the <i>Physical Activity Readiness Questionnaire (PAR-Q)</i>	<input type="checkbox"/>
<input checked="" type="checkbox"/> I have completed the <i>Health History Questionnaire</i>	<input type="checkbox"/>
<input checked="" type="checkbox"/> I have completed the <i>Medical Referral Form</i>	<input type="checkbox"/>

RELEASE

I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in any facility exercise program, sport or physical activity. I hereby waive all claims against _____, its instructors, or partners of said program, individually or otherwise, for any and all claims for injuries or damages that I might sustain.

I understand that there is risk of injury associated with participating in any facility exercise, program or sports activity and I certify that I am in good physical condition and have no known disabilities that might otherwise be detrimental to my health or well-being. I certify that all of the information provided on this application is correct and true.

All applicants must sign. Parents or guardians must sign if applicant is UNDER 18.

Applicant Signature: _____ DATE: _____

Parent/ Guardian Signature: _____ DATE: _____

The information and suggestions presented by National Health Club Association in this loss control technical resource form are for your consideration in your loss prevention and risk control efforts. They are not intended to be complete in identifying or reporting on every possible or significant hazard at your premises, preventing possible workplace accidents, or complying with all of the local, state or federal health & safety related laws or regulations. The material enclosed within this loss control reference source is intended and encouraged to be altered or redesigned by you to specifically address your hazards.