



## EXERCISE RELEASE FORM

**ANY MEMBER OR GUEST MUST COMPLETE THE FOLLOWING EXERCISE RELEASE FORM BEFORE YOU MAY BEGIN YOUR EXERCISE PROGRAM. (Please keep a copy of this form within each members file for future reference)**

IF YOU ARE A MEMBER, THIS FORM SHOULD BE COMPLETED IN CONJUNCTION WITH THE *PAR-Q QUESTIONNAIRE, HEALTH HISTORY QUESTIONNAIRE, MEDICAL REFERRAL FORM and MEDICAL INFORMATION RELEASE FORM.*

**Member: Member #:** \_\_\_\_\_  **Guest: Guest Name:** \_\_\_\_\_

### 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:	_____	Date of Visit:	_____
Member's Phone:	_____	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 Information Release Form</i>	<input type="checkbox"/>

### RELEASE / DISCLAIMER

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT I MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY CLUB EXERCISE PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURING IN OR ABOUT THE CLUB PREMISES. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD \_\_\_\_\_, ITS INSTRUCTORS, OR PARTNERS OF SAID PROGRAM, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

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

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.**

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

Applicant Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

The information and suggestions presented by Philadelphia Indemnity Insurance Companies 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.