



## Guest Agreement Waiver & Brief Medical History

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
 Reason for Visit \_\_\_\_\_

| Yes   | No    | Please answer the following questions  |
|-------|-------|--|
| _____ | _____ | Has your doctor ever said you have heart trouble?  |
| _____ | _____ | Do you often feel faint or have spells of severe dizziness?  |
| _____ | _____ | Has your doctor ever said that your blood pressure was too high?   |
| _____ | _____ | Has your doctor ever told you that you have bone or joint issues, such as arthritis, that has been aggravated by exercise? |
| _____ | _____ | Is there any good physical reason not mentioned here why you should not follow an activity program, even if you want to?   |
| _____ | _____ | Are you accustomed to exercise?  |
| _____ | _____ | Are you interested in membership information?  |

### Guest Agreement and Waiver

The undersigned agrees to abide by the rules of Sisters Athletic Club, including the completion of the above questionnaire.

The undersigned guest agrees that all use of the Club's facilities, services and programs shall be undertaken at his/her sole risk and the Club shall not be liable for any injuries, accidents or death occurring to the guest, arising either directly or indirectly out of utilizing the Club's facilities, services and programs. The guest, for himself/herself and on behalf of his/her executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue the Club, its officers and agents for all claims, demands, injuries, damages or cause of action, with respect to use of the Club's facilities, programs and services.

The undersigned guest declares that they have completed the enclosed medical questionnaire required by the Club and that they declare they are physically able to participate in physical activity. Furthermore, guest declares that the Club has advised guest to obtain a medical clearance in the event they answer yes to any of the medical history questions, or if they are unsure of their physical health and that guest maintains that he/she is physically capable of pursuing physical activity in the Club without such steps being taken or has done so.

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

#### In house use only:

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Membership Type \_\_\_\_\_  
 FitLife \_\_\_\_\_ IHRSA \_\_\_\_\_ Lodge \_\_\_\_\_