

Medical History & Release Form

Name _____ Date Of Birth _____
 Address _____ Phone Home: _____
 _____ Phone Work: _____

Person to contact in case of emergency? Sex Male Female

Name _____ Relationship _____ Phone _____

Are you taking any drugs or medication? Yes
 If you answered **YES** please specify name and function of Meds.

Does your Physician know you are participating in an exercise program? Yes No

Do you now, or have in the past: Yes No

- | | | |
|---|-------|-------|
| 1. History of heart problems, chest pain, or stroke? | _____ | _____ |
| 2. History of heart problems in your immediate family? | _____ | _____ |
| 3. Increased blood pressure? | _____ | _____ |
| 4. Difficulty with exercise? | _____ | _____ |
| 5. Any chronic illness or condition? | _____ | _____ |
| 6. Advice from a physician not to exercise? | _____ | _____ |
| 7. Recent surgery? (last twelve months) | _____ | _____ |
| 8. History of breathing or lung problems? | _____ | _____ |
| 9. Any previous injury still affecting you? (ie muscle, joint, or back) | _____ | _____ |
| 10. Diabetes or thyroid condition? | _____ | _____ |
| 11. Obesity? (more than twenty percent over ideal body weight) | _____ | _____ |
| 12. Cigarette smoking habit? | _____ | _____ |
| 13. Increased blood cholesterol levels? | _____ | _____ |
| 14. Hernia, or any condition that might be aggravated by lifting weights? | _____ | _____ |

If you have answered **YES** to any of these previous questions please explain below.

I have read, understood, and completed this questionnaire to the best of my ability. I do hereby further declare myself physically sound and suffering no condition, impairment, disease, infirmity or other illness that would prevent my participation in an exercise program involving aerobic, or anaerobic strength training, except those conditions I have listed above.

I understand that strength, flexibility, and aerobic exercise is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of the dangers involved. I hereby expressly agree to assume and accept any and all risks of injury or death.

I agree that I will comply with all instructions on the use of all equipment and machinery at Kingdom Racquet and Fitness Club in Newport, Vermont and that will make use of all safety equipment deemed necessary. Kingdom Racquet & Fitness and its employees, agents, instructors, and representatives are not liable for any injury to persons or property caused in any way by the use of its services or its premises. Also they are not liable for the loss or theft of any personal property. Each person is responsible for safeguarding his or her own property.

I understand that during our unmanned 24 access hours there is no instructor on duty and I use the equipment & machinery at my own risk.

Print Name: _____ Signature : _____
 Date: _____

If you are under 18 years of age, Parental Permission is Required before you use utilize this facility.
 Signature: _____

Parent/ Guardian