

MEDICAL DISCLOSURE FORM

BROWN'S GYM

Account Number _____ Date _____
First Name _____ Middle _____ Last Name _____
Date of Birth _____
Address _____ City _____
State _____ Zip _____
Phone _____
Emergency Contact Phone _____
Email Address _____

Gym Policy: Your dues must be paid to date in order to use the club. No exceptions. Members must follow any and all rules and regulations established by BROWN'S GYM and any changes or amendments thereto. It is agreed that BROWN'S GYM reserves the right to reject this application.

1. Membership is based on a date to date basis.
2. No REFUNDS will be given.
3. No FREEZING memberships on one or three-month memberships
4. Memberships are non-transferable
5. Signature of a parent or guardian is REQUIRED UNDER 18 YEARS OF AGE
6. Be courteous to other members and clean up after yourself.
7. Proper attire is required
8. ANY VIOLATION OF POLICY WILL VOID YOUR MEMBERSHIP

MEDICAL HISTORY and HEALTH HABITS

What is the present state of your health as you perceive it?

Answer the following to the best of your knowledge:

1. Have you consulted a doctor prior to joining this club? _____
2. Has your doctor indicated you have heart trouble? _____
3. Do you frequently suffer from pains in your chest? _____
4. Do you have high blood pressure? _____
5. Do you have arthritis or any other problem that might be aggravated by exercise? _____
6. Are you diabetic? _____
7. Do you eat a balanced diet? _____
8. Are you pregnant? _____
9. Do you have any back problems? _____
10. Do you have any difficulty with physical exercise? _____
11. Do you have a hernia or any other condition that may be aggravated by lifting weights? _____
12. Have you had surgery in the last 12 months? _____
13. Are you taking any medications or drugs? _____

This form is intended for informational purpose only. It in no way represents acceptability to participate in any exercise or activity. A consultation with your physician should be done prior to starting any exercise program.

Signature _____
Date _____



WAIVER, RELEASE OR LIABILITY AND ASSUMPTION OF THE RISK

Account # _____

Because physical exercise can be strenuous and subject to risk of injury, including serious injury, the club urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You (each member, guest, or participant) agree that if you engage in any physical exercise or activity, or use any club amenity on the premises or off premises including any sponsored club event, you do so entirely at your own risk. Likewise, dietary modifications can cause a variety of changes and can create problems, including as it relates to your energy, stamina, appetite, and mood. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury, illness, or death. We are also not responsible for any loss of your personal property.

This waiver and release of liability includes, without limitation, all injuries which may occur, regardless of negligence, as a result of: (a) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction; (b) the sudden and unforeseen malfunctioning of any equipment; (c) our instruction, training, supervision, or dietary recommendations; or (d) your slipping and/or falling while in the club, or on the club premises, including adjacent sidewalks and parking areas. This also includes any negligence associated with the presence of or transmission of any bacteria, viruses, or infectious diseases.

By signing below, you acknowledge that you have carefully read this "waiver and release" and fully understand that it is a release of liability. You expressly agree to release and discharge the health club, and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the club for negligence, personal injury or property damage. You also agree that this waiver and release also applies to any guests or other participants you bring to the Club; should any such persons bring negligence, personal injury, or property damage claims against the Club, you agree to defend and indemnify the Club and hold the Club harmless against any such claims.

You further agree that if a court of law finds any part of this agreement to be against public policy or in violation of any state statute or legal precedent, then the remainder of this document will remain in full force.

Additionally, you understand that the Club occasionally photographs/videotapes client events/sessions and by signing below you provide your express written approval for the Club to use these images or video in any and all media for promotional purposes, with no financial or other remuneration due to you.

SIGN HERE: _____ **Parent Guardian** _____

Printed Name: _____ **Date** _____