

Participant Waiver

All prospects/guests must show a valid form of ID

Staff Use Only

Staff Initials _____ Check one: Prospect Guest Hotel Pass Health Coach
 Single Visit Non-Member Personal Training Family Day
 Bring a Friend for Free Friday

Name: _____ Date: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Age: _____ Birth Date: _____ Gender: M/F

Emergency Contact: _____ (relationship) _____ Phone: (emergency contact) _____

If you are the guest of a AH Fitness member, please print member name: _____

I, _____ decline the opportunity to participate in a facility and equipment orientation. I hereby assume all responsibility for any injuries, accidents, or deaths that may occur while using the facility and equipment at Augusta Health Fitness. I agree that all use of the facility and equipment shall be undertaken at my sole risk and that Augusta Health Fitness, including its officers and agents, shall not be liable for any injuries, accidents, or deaths arising from use the Augusta Health Fitness Center.

Signature _____

Please answer the following questions:

- | | | |
|---|-----|----|
| 1. Has your physician ever told you that you have a heart condition? | YES | NO |
| 2. Do you experience pain in your chest when you are physically active? | YES | NO |
| 3. In the past month, have you experienced chest pain when not performing physical activity? | YES | NO |
| 4. Do you lose balance because of dizziness or do you ever lose consciousness? | YES | NO |
| 5. Do you have a bone/joint problem that could be aggravated by change in physical activity? | YES | NO |
| 6. Is your physician currently prescribing medications for a blood pressure or heart condition? | YES | NO |
| 7. Do you know of any other reason why you should not participate in physical activity? | YES | NO |

If you answered yes to any of the above questions, it is recommended that you consult with your physician via phone or in person before having a fitness test or participating in a physical activity program.

The undersigned guest agrees to abide by the rules/policies of Augusta Health Fitness, including the completion of this form. The undersigned has completely filled out this form and declares that they are physically able to participate in exercise. Furthermore, if guest has answered yes to any of the above questions, guest declares that Augusta Health Fitness has advised guest to obtain medical clearance prior to pursuing activity at Augusta Health Fitness.

Signature _____ **Date** _____

Parent or Legal Guardian of Adolescent (13-17) Guest:

I assume full responsibility for my child while visiting Augusta Health Fitness, and understand that I must remain with my child while in the facility and must supervise their exercise program.

Parent or Guardian Signature _____



Top 10 Facility Rules and Regulations

1. Please check in at the front desk before using facility.
2. Members and guests are to read and adhere to all posted signs throughout the facility, as well as any Augusta Health staff directives.
3. Please use wipes provided to wipe down the equipment after use.
4. Do not drop free weights, and please return all equipment to its original location when finished.
5. Please limit time on cardio equipment to 30 minutes when others are waiting, and allow other exercisers to “work in” (take turns) while using weight equipment.
6. Appropriate footwear is required when walking on the pool deck.
7. Shower before using pools, steam room, or spa.
8. Report any injury or equipment malfunction to the front desk staff.
9. Always follow posted safety instructions on equipment and ask a staff member for assistance before using a new piece of equipment.
10. Show respect for other members, staff and guests. Cursing or other foul language is prohibited.

** For a full list of facility policies, please review the member handbook at the front desk **

Please note:

Augusta Health Fitness is a private facility and as such, has the right to suspend or withdraw membership/guest privileges from any individual who, in the facility’s sole discretion or opinion, engages in conduct considered to be inappropriate or unacceptable, or amount to a breach of the facility’s policies and procedures, or is in any way detrimental to the center, any of its employees, or any other member.

I understand and agree to abide by all the rules and regulations of Augusta Health Fitness

Signature

Date