

**Pro-Health
& FITNESS CENTER**

MEDICAL HISTORY FORM

PLEASE FILL OUT HIGHLIGHTED FIELDS — THEN PRINT OUT TO SIGN.

Name _____ Account Number _____

Female Male Date of Birth _____ Age _____

SECTION 1: Check box if you are or have had:

<input type="checkbox"/>	60 or more birthdays	<input type="checkbox"/>	Coronary angioplasty (PTCA)
<input type="checkbox"/>	Currently pregnant	<input type="checkbox"/>	Cardiac catheterization
<input type="checkbox"/>	Any chronic condition requiring regular medical attention	<input type="checkbox"/>	Pacemaker/implantable cardiac attention defibrillator/rhythm disturbance
<input type="checkbox"/>	Heart attack	<input type="checkbox"/>	Heart medications
<input type="checkbox"/>	Heart surgery	<input type="checkbox"/>	Chest discomfort with exertion
<input type="checkbox"/>	Heart valve disease	<input type="checkbox"/>	Dizziness, fainting, blackouts
<input type="checkbox"/>	Heart failure	<input type="checkbox"/>	Unreasonable breathlessness
<input type="checkbox"/>	Heart transplant	<input type="checkbox"/>	Systolic blood pressure greater than 180
<input type="checkbox"/>	Congenital heart disease	<input type="checkbox"/>	Diastolic blood pressure greater than 100

If you have checked any of the boxes in Section 1, we require a signed Physician's Permission Form before you may exercise.

SECTION 2: Check box if you:

<input type="checkbox"/>	Are a man over 45 years old	<input type="checkbox"/>	Don't know your cholesterol level
<input type="checkbox"/>	Are a woman over 55, have had a hysterectomy or are post menopausal	<input type="checkbox"/>	Are diabetic or take medication to control your blood sugar level
<input type="checkbox"/>	Have a blood relative who had a heart attack before age 55 (father or brother) or 65 (mother or sister)	<input type="checkbox"/>	Are physically inactive — getting less than 30 minutes of physical activity at least three days a week
<input type="checkbox"/>	Have blood pressure greater than 140/90	<input type="checkbox"/>	Are more than 20 pounds overweight
<input type="checkbox"/>	Don't know your blood pressure	<input type="checkbox"/>	Smoke
<input type="checkbox"/>	Have blood cholesterol greater than 240 mg/dL		

If you checked two or more boxes in Section 2, we require a signed Physician's Permission form before you may exercise.

YES NO Physician's Permission Form Required

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Please check applicable boxes and explain:

<input type="checkbox"/>	Currently taking any prescription medication	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	Had recent surgery	<input type="checkbox"/>	Have a muscle, bone, joint or back disorder
<input type="checkbox"/>	Hernia or any condition that may be aggravated by lifting weights		

Any other conditions you feel we should be aware of

APPLICANT SIGNATURE

STAFF WITNESS

DATE

Pro-Health & FITNESS CENTER

HOLDS, CANCELLATIONS AND GUEST POLICY

PLEASE FILL OUT HIGHLIGHTED FIELDS — THEN PRINT OUT TO SIGN.

1. To place a membership on hold, a member must fill out the duplicate Hold/Cancellation form and turn it in at the front desk of Pro-Health & Fitness.
2. To cancel a membership, a member must fill out the duplicate Hold/Cancellation form and turn it in to the Front Desk of Pro-Health & Fitness.
3. The Hold/Cancellation Form must be turned in to the Front Desk of Pro-Health **before** the first day of the month in which you want to be placed on hold or cancelled.
4. All Holds and Cancellations become effective the first day of the month.
5. Holds must be minimum of one month and maximum to a year.
6. There will be a charge of \$25.00 to reactivate a membership on hold for more than a year.
7. Pro-Health will charge full enrollment fee for any membership being reactivated that has been cancelled for more than three months.
8. There is a limit of two holds per year per membership. If this is exceeded there will be a charge of \$10.00 per hold request.
9. Pro Health will not automatically place your membership on hold or cancel **if there is no use of the facility.**
10. Members must place their account on hold or cancel to stop the billing process.

STATUS CHANGE

Members are responsible for notifying Pro-Health & Fitness of any status change to their account, i.e., *senior status, divorces, addresses, and ages/status of dependent children.*

GUESTS

- A. All guests must show picture ID.
- B. All guests must pay a guest fee.
- C. Guests accompanying members will be charged \$10.00 per visit.
- D. Guests not accompanied by a member will be charged \$10.00 per visit.
- E. Guests under 18 years old must have a parent or guardian sign them in each time they visit the club or the parent or guardian must have a notarized signed Hold Harmless form for the minor to bring in each time they are a guest. (Forms are at the Front Desk.)
- F. Guests 60 years old or older and those with medical problems will need to have a physician's release in order to use the facility.

Please sign below to indicate that you are aware of the above policies.

MEMBER _____

WITNESS _____

DATE _____

Pro-Health
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RELEASE & WAIVER OF LIABILITY

PLEASE FILL OUT HIGHLIGHTED FIELDS — THEN PRINT OUT TO SIGN.

It is agreed by member that in exchange for granting membership to Member (or granting admission to guest), Member/Guest hereby waives and releases any and all claims against Health First, Inc., doing business as Health First Pro-Health & Fitness Center, its agents and employees (hereinafter "Health First"). This release includes, but is not limited to, any claims against Health First for negligence or gross negligence of any kind or nature related to the design, layout, configuration, construction, maintenance, operation, supervision, fitness instruction or advice, employee and subcontractor hiring and retention and any other aspect of interaction or facility use by or between Member/Guest and the facility or its staff and employees. Member/Guest agrees that all exercise including the use of weights, number of repetitions, participation in group or class-based exercise and the use of any and all machinery, equipment, or apparatus designed for exercising shall be at Member/Guest's sole risk. Notwithstanding any consultation, the choice of exercise, methods, classes and types of equipment shall be Member/Guest's entire responsibility, and, Health First shall not be liable to Member/Guest for any claims, demands, injuries, damages or actions or causes of actions whatsoever arising due to injury to Member's person or property arising out of or in connection with the use by Member/Guest of the services and facilities of the Fitness Center or the premises where the same is located, and Member hereby releases and holds the Fitness Center, its employees and agents, harmless from all claims which may be brought against them by Member/Guest or on Member/Guest's behalf for any such injuries or claims aforesaid and completely and irrevocably releases and waives his/her rights to any claims as otherwise outlined within this paragraph. Member/Guest agrees that in the event that any portion(s) of this Release & Waiver are found to be unenforceable, that the remaining provisions shall be fully enforceable.

It is understood and agreed that this is full and final release and waiver of all claims of every nature and kind whatsoever and is given in consideration of Membership or, in the case of a Guest, in exchange for admission to the Facility.

IN WITNESS WHEREOF,

I have hereunto set my hand and seal this _____ day of _____, 20____.

PRINT NAME

SIGNATURE OF MEMBER OR GUEST

DATE

WITNESS

DATE