

CLEARWATER WELLNESS CENTER

MEMBER INFORMATION

Date: _____

Name: _____

Mailing Address: _____

Date of Birth: _____

Telephone Number: _____

Emergency Contact: _____

Emergency Contact Telephone Number: _____

Email Address: _____

Employer: _____

Employer Telephone Number: _____

INFORMED CONSENT

You should be aware of the possible risks you might encounter by participation in fitness and recreation activities. The most acute risk would be death caused from cardiac failure during exercise; even though this is unlikely to occur, the possibility does exist. Other medical problems that could result from your participation are, but are not limited to, sore muscles, cramping, torn or pulled muscles, ankle sprain, stress fracture of the foot, cartilage or ligament damage of major joints, nausea during and after exercise, loss of weight and possible loss of appetite. If you are participating in water exercise, death from drowning may also be a risk.

Your participation is voluntary and you may withdraw at any time. You are working out at your own risk. Please give your consent with full knowledge, understanding, and appreciation of the nature and types of exercise you will be doing and the discomforts and/or risks which may be encountered. Thank you for helping us be medically prudent.

I HAVE READ THE PRECEDING WARNINGS AND RISKS AND I HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS AND HAVE THEM ANSWERED. I ACKNOWLEDGE THAT ALL INFORMATION GIVEN ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE AND I WILL INFORM THE CLEARWATER WELLNESS CENTER STAFF OF ANY FUTURE CHANGE IN MY HEALTH STATUS. I HOLD HARMLESS CLEARWATER WELLNESS CENTER FROM ALL CLAIMS ON ACCOUNT OF INJURY, WHICH MAY BE SUSTAINED WHEN PARTICIPATING IN FITNESS AND RECREATION ACTIVITIES.

SIGNATURE

DATE