

FIT2PLAY

I hereby release, discharge and covenant not to sue Fit 2 Play, the owners, any members, sponsors, volunteers, employees or leasers of the premises in which any and all fitness related training takes place for any reason. The undersigned consents and agrees to participate at the facilities and/or in such programs of the Fit 2 Play in consideration of the facilities and/or programs being furnished. I, on behalf of myself, do hereby assume all risks in connection with participation at said facilities and/or in said programs, and release and discharge Fit 2 Play, and their agents, officers and employees from all claims, demands and damages to person and damages to property which may befall me, if applicable while participating at said facilities and/or in said programs, including all risks connected therewith, whether foreseen or unforeseen, and further, to save and hold harmless all the persons or entities mentioned above who through negligence or carelessness might otherwise be liable to me or my heirs or assigns. This Consent and release is intended to discharge all of the persons and entities mentioned herein from and against any liability arising out of or connected in any way with my participation, at said facilities and/or in said programs, even though that liability may arise out of a negligence or carelessness on the part of the persons or entities mentioned herein.

Photography / Video Release

Participants involved in any activities offered by Fit2Play may be photographed or videotaped during training without compensation. The undersigned hereby consents to the use of these photographs and / or videos on the Fit2Play website, or any editorial, promotional or advertising material produced and / or published by Fit2Play.

Initial _____

Print Name: _____ DOB: _____

Address: _____

E-Mail Address: _____

Participant's Signature (parent signature if under 18 years of age)

Phone Number: _____ Date: _____

How did you hear about Fit2Play? _____

What sport (s) do you play? _____

HEALTH ASSESSMENT

Date of your last physical _____

It is advised that you consult with your physician regarding your health and ailments you may be experiencing prior to working out.

Have you ever had any form of heart disease? Y / N _____

Do you experience shortness of breath or chest pains? Y / N _____

Do you have any of the following?

High Blood Pressure Y / N _____

Smoking Y / N _____

Diabetes Y / N _____

Family History of Heart Disease Y / N _____

Any Allergies Y / N _____

Do you currently exercise? Y / N _____

Are you currently taking any medication? Y / N _____

Any current or past injuries in the following areas? **Please list all past injuries and dates, use the notes at the bottom if you need more space.**

Knees Y / N _____

Lower Back Y / N _____

Neck/Shoulders Y / N _____

Hip/Pelvis Y / N _____

Other muscle or joint concerns? Y / N _____

Any reason you should not participate in exercise? Y / N _____

Notes:
