



Guest Application Release and Waiver of Liability Form Fitness Center/Group Exercise

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ - _____ - _____ Home Phone: _____ - _____ - _____

Guest of (if applicable): _____

Please the following medical history questions (circle yes/no):

1. Has your doctor ever said you have heart trouble?	YES	NO
2. Do you frequently have pains in your heart or chest?	YES	NO
3. Do you often feel faint or have spells of severe dizziness?	YES	NO
4. Has a doctor ever said your blood pressure was too high?	YES	NO
5. Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse by exercise?	YES	NO
6. Is there any good physical reason not motioned here why you should not follow an activity program even if you wanted to?	YES	NO
7. Are you over the age of 65 and not accustomed to vigorous exercise?	YES	NO
8. Are you currently taking any medications?	YES	NO



**DiSepio Institute for
Rural Health & Wellness**

AGREEMENT, RELEASE AND WAIVER: I agree to abide by the rules of the DiSepio Institute for Rural Health and Wellness, including the completion of the above medical questionnaire. I agree that all use of the DiSepio Institute's facilities, programs, and services shall be undertaken as my own sole risk and the DiSepio Institute shall not be liable for any injuries, accidents, deaths occurring to my person, arising directly or indirectly out of utilizing the DiSepio Institute's facilities, programs, and services. I declare that I have completed the medical questionnaire as required by the DiSepio Institute and declare that I am physically able to participate in physical activity. Furthermore, I declare that the DiSepio Institute has advised me to obtain medical clearance in the event I answer yes to any of the medical history questions, or if I am unsure of my physical health and that I maintain that I am physically capable of pursuing physical activity in the DiSepio Institute without such steps being taken or has done so.

I hereby accept all risks, known and unknown, to my health that are associated with my access to the DiSepio Institute for Rural Health and Wellness. I accept all risks to my health, risk of injury, or even death that may result from my participation in activities and exercise sessions at the facility. I release the facility for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result or occur during my use of the facilities, whether caused by negligence of the DiSepio Institute, the University, its governing board, officers, employees, or representatives or otherwise. I agree to release and hold harmless the DiSepio Institute for Rural Health and Wellness at Saint Francis University and its employees from any and all liability whatsoever which may result from my use of the facility or the equipment. This statement shall serve as a release and hold harmless the DiSepio Institute for Rural Health and Wellness and its employees by my heirs, executors, administrators, if any and me. I have carefully read this agreement and understand it to be a release and waiver for all claims and causes of action for my injury or death or damage to my property that occurs while using the DiSepio Institute for Rural Health and Wellness and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission.

Guest Signature: _____

Guardian Signature (if under 18): _____

Date: ____ / ____ / ____

\$5 fee due at time of attendance.	
Cash: <input type="checkbox"/>	Check: <input type="checkbox"/>