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| Name | Date |
| E-mail | Cell Phone |
| Address | |
| Are you inquiring for just you or your entire family? SRHS MTB Team | |
| How long were you thinking you would be involved in an exercise program? Core Strength Training with Erin, 12/1/16 - 5/23/17 | |
| How did you hear about us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Print AD <input type="checkbox"/> Mailer <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Banner <input checked="" type="checkbox"/> Other <u>SRHS MTB Team</u> | |

1. Has your doctor ever said you have heart trouble? Yes No
2. Do you frequently have pains in your heart and 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 your 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 with exercise? Yes No
6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? Yes No
7. Are you not accustomed to vigorous exercise and over age 65? Yes No

Guest Waiver of Liability

I accept full responsibility for my use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this Club at my own risk and shall hold this Club, its shareholders, directors, officers, employees, representatives and agents harmless for any and all loss, claim, injury, damage or liability sustained or incurred by me resulting there from.

Signature _____ Date _____

Parent Signature _____ Date _____