

ID Number \_\_\_\_\_

# Smith County Fitness Center

NAME: \_\_\_\_\_  
*First* *Last* *MI*

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

EMAIL: \_\_\_\_\_

Do you work for a business that is a member of the Smith County Chamber of Commerce or are you a Smith County employee? If yes, please list your employer. \_\_\_\_\_

<b>Membership Type:</b>	<b>Single</b>	<b>Family</b>	<b>Walking Track</b>
	<b>Sr. Single</b>	<b>Sr. Family</b>	<b>Sr. Walking Track</b>

If purchasing the family package, please list each family member (Up to 5 members in one household):

\_\_\_\_\_  
\_\_\_\_\_

Monthly memberships will allow unlimited use of the facility throughout the paid month, and services officered will be for the one service/session only. Fees must be paid before use of the facility is allowed. This agreement gives the applicant and his/her add-ons the right to use the facility during regular business hours. The applicant and add-ons must abide by the policies and procedures set forth by The Fitness Center. The applicant must complete the entire membership packet, including a liability waiver, before use of the facility is allowed. Proper identification by picture ID may be required. The Fitness Center reserves the right to terminate visits of any user due to the noncompliance of policies and procedures.

*I understand the risk; I also understand that the participation in an exercise program and the use of exercise equipment carries with it the risk of injury, and with that understanding, agree to release the Fitness Center and its affiliates from any liability for injuries, damages, or actions that may arise in the future due to any injury or adverse health condition that may be brought about by an exercise program or use of the facilities, programs, and/or services of The Fitness Center. This release of liability is signed on behalf of myself, my heirs, and assigns, and expresses a full and complete understanding of this agreement and settlement of any future liability claim, and regardless of the adequacy of the consideration, is intended to avoid litigation.*

Your fees will cover one calendar month or one event only. No refunds are issued if you do not use the facility.  
Exceptions are made at management discretion.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

Birth Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*Becoming more active is safe for most people. However, it is strongly recommended that you visit a healthcare provider before beginning any exercise program. A medical release form may be required before use of the facility is allowed.*

YES      NO

Has your doctor said you have a heart condition? If yes, please describe: \_\_\_\_\_

Do you have any chest pain, especially when being active?

Do you lose your balance because of dizziness; do you lose consciousness?

Do you have a bone or joint issue? If yes, describe: \_\_\_\_\_

Do you take medications for blood pressure or for a heart condition? If yes, please describe: \_\_\_\_\_

Have you had surgery in the last 12 months? If yes, describe: \_\_\_\_\_

Do you have breathing problems, especially when active?

Do you have diabetes?

Do you have high cholesterol?

Are you pregnant or less than three months post-partum?

Are you allergic to anything? If yes, please describe: \_\_\_\_\_

Is there any other reason that you should limit your physical activity? If yes, please describe: \_\_\_\_\_

When was your blood pressure last taken? \_\_\_\_\_ Was it high, low, or normal? \_\_\_\_\_

*If you answered no to the majority of questions above, you can be reasonably sure that you can take part in physical activity. However, it is strongly recommended that you visit a healthcare provider and receive clearance before beginning any type of an exercise program.*

**It is your responsibility to immediately inform the staff of any changes that may occur in your medical or health status.**

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**THANK YOU FOR CHOOSING THE FITNESS CENTER!  
ENJOY OUR SERVICES!**