



Many Farms Wellness Center Registration Form

Please Print & Fill out All Applicable Fields

Name (First, Mi, Last): _____ Email Address: _____

DOB: _____ Age: _____ Gender: M F Phone Number: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Contact Name: _____ Relationship: _____

Telephone Number: _____ Email Address: _____

Medical Conditions/Restrictions: _____

Family History: (Check all that apply)

High Blood Pressure Cholesterol Stroke Heart Disease Diabetes None Other: _____

Known Allergies: _____ Current Medication(s): _____

Current Diabetes Status: (Circle One)

Date Of Diagnosis: _____

Type 1

Type 2

Gestational

Pre-Diabetes

None

Optional:

Training Interest: _____

Personal Goal(s): _____

I, understand and hereby agree to the following:

1. *Weight Training and related exercise are inherently dangerous activities in which participants and other individuals are at constant risk. I recognize that the fitness programs that I voluntarily participate in at the Wellness Center through Many Farms Chapter require physical activity that may be strenuous and may cause physical injury. I am fully aware of the potential dangers incidental to engaging in such physical activity.*
2. *I represent and warrant that I am physically fit and that I have no medical condition, impairment or disability that might prevent my full participation in the fitness program offered at the Wellness Center or through Many Farms Chapter. I understand that it is my responsibility to consult with a health care provider prior to and regarding my participation in a fitness program. I acknowledge that personnel at the Wellness Center did not give me medical advice before joining, which might relate to my physical condition or my ability to use the facilities. If I have any health or medical concerns now or after joining, I understand that I should discuss them with a health care provider before using the facilities.*
3. *I agree to notify Wellness Center staff of any changes in my health status that may affect my ability to participate in physical activity.*
4. *In consideration of permitting me to join or engage in exercise activity at the wellness center, I agree to voluntarily assume all liability and responsibility and indemnify the Wellness Center, The Many Farms Chapter and its employees for risks, injuries, death or damages, known or unknown, suffered by any person, including myself, arising out of my participation in fitness programs offered at the wellness center or by the Many Farms Chapter House.*
5. *I agree to participate in all orientation and instruction on the proper use of equipment and weights.*

I have read the above Waiver of Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature: _____ Date: _____

If participant is 18 years of age or younger:

I, _____, hereby give consent for my child, _____, to engage in weightlifting aerobic exercise, and/or any other physical exercise at the Wellness Center without my direct supervision. I understand that the above terms and conditions apply. I acknowledge that I should consult with child's physician concerning the type of physical activity in which my child engages.

Parent/Legal Guardian Signature: _____ Date: _____