

WAIVER OF LIABILITY/INFORMED CONSENT FORM

PUBLIC GYM

- 1) I understand I will pay before each visit or on a monthly basis. I understand my monthly dues are not based on the number of visits I make. Monthly payments will be set up for automatic bank deduction or automatic charge to the credit card.
- 2) I understand an additional charge will be made for personal trainers' time in setting up an individualized exercise program.
- 3) I understand the use of the equipment is based on availability after regularly scheduled patient's exercise programs.
- 4) I understand **Deer Park Physical Therapy & Sports Conditioning** is not responsible for any lost or stolen items.
- 5) I understand that children under the age of 12 are not allowed on the equipment at any time, and are not to be in the fitness center without direct parent supervision.

I, _____, have hereby enrolled in a program of strenuous physical activity including but not limited to, weight training, and various aerobic conditioning machinery offered by **Deer Park Physical Therapy & Sports Conditioning**. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this exercise program.

In consideration of my participation in **Deer Park Physical Therapy & Sports Conditioning's** exercise program, I, _____, for myself, my heirs and assigns, hereby release **Deer Park Physical Therapy & Sports Conditioning** (it's employees and owners), from any claims, demands, and causes of action arising from my participation in the exercise program or testing.

I fully understand that I may injure myself as a result of my participation in **Deer Park Physical Therapy & Sports Conditioning's** exercise program and I, _____, hereby release **Deer Park Physical Therapy & Sports Conditioning** from any liability now or in the future including, but not limited to heart attacks, muscle strains, pull or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illnesses, soreness or injury however caused, occurring during, or after my participation in the exercise program or testing.

I hereby affirm that I have read and fully understand the above.

Signature

Date

Member Name _____ **Sex** M F **Marital Status** S M W D

Mailing Address _____ **City** _____ **State** ___ **ZIP** _____



Street Address _____ City _____ State _____ ZIP _____

Home/ Cell Phone _____ Birthdate _____

E-Mail _____

Employed By _____ Work Phone _____

Have you had a gym membership in the last 12 months? _____ If yes, what was the name of you gym? _____ Reason for leaving/transfer? _____

Emergency Contact – Local Relative or Friend Not Living With You

Name _____ Relationship _____ Phone _____

I learned about Deer Park Physical Therapy & Sports Conditioning through: _____

Your monthly membership fee is _____ which will be valid _____ through _____

Special Discounts/ Coupons/ Etc.: _____

Signature _____ Date _____

Parent Signature (If under the age of 18.)

_____ Date _____