

Sharonville Fitness Center Orientation / Personal Training Health Profile

Current Membership (Yr.) _____ PCF/Date _____
Date of orientation or refresher _____
Date of personal training _____
Fitness Staff Initials _____
Staff Use Only

Today's Date _____

Last Name _____ First Name _____ Middle Initial _____
 Male Female Birth Date (mo/day/year) ___/___/___ Age _____
Home address _____ City/State _____ Zip _____
Phone # (H) _____ Phone # (W) _____
Person to contact in case of Emergency:
Name _____ Phone: _____

1. Are you presently taking any prescription medications? Yes No
If so, please list the medication and reason for usage:

2. Any allergic reactions (medicine, insect, food, other)? Yes No

3. Medical Conditions: Please specify any medical condition(s) for which you are currently being treated or have been treated for in the past year.

4. Physical Activity: Are you currently exercising? Yes No
If yes, what type of activity and how often are you exercising? _____
If no, when was the last time you exercised on a regular basis? _____

5. Do you have any limitations or doctor recommendations that may impact your physical activity program at the City of Sharonville Fitness Center? Yes No

I verify the above information is correct and accurately completed to the best of my knowledge. I know it is recommended I consult with my personal physician prior to participating in any physical activity.
I also understand that it is my responsibility to inform the fitness staff of any changes in my health status that would alter my physical ability to safely perform activities at the City of Sharonville Fitness Center.

SIGNATURE _____ DATE _____
ALL INFORMATION IS CONFIDENTIAL

PARENT / GUARDIAN SIGNATURE _____ DATE _____
(Required if under 18 years of age)

The City of Sharonville Fitness Center

Informed Consent for Exercise Participation

I have voluntarily enrolled in an exercise program at the City of Sharonville Community Center. I attest that I was fully orientated to the exercise equipment.

I, for my executors, my heirs, and myself do hereby release and discharge the City of Sharonville Recreation Department/ Fitness Center and all employees, contractors, and interns from all claims, demands, liabilities and cause of action whatsoever, growing out of my participation in an exercise program.

I have full knowledge of all of the risks, and will assume and pay for all medical and emergency care expenses in the event of an accident, illness or other incapacity regardless whether I have authorized such expense. I also know that it is recommended to consult with my physician prior to participating in any physical activity.

To my knowledge I do not have any limiting physical condition or disability which would preclude an exercise program, unless stated on an attached Physician Consent Form from my personal physician.

Name of Participant (**print**) _____

Participant's Signature _____ Date _____

Fitness Staff Signature _____ Date _____

Parent / Guardian Signature & Informed Consent for Participant Ages 13 – 17

This Informed Consent Document will need to be signed by the parent or legal guardian of the child PRIOR to participating in the fitness center of the Sharonville Community Center.

■ As the parent or legal guardian to the minor listed below, I state that the health history, as provided on the Health Profile, is correct so far as I know.

I give permission for my child to participate on his / her own in an exercise program in the Fitness Center and/or other small group exercise programs of the Sharonville Community Center.

Parent / Guardian Name (**print**) _____

Signature of Parent / Guardian _____

Date _____ Parent / Guardian Emergency Contact # _____

Emergency Contact # is: Home: Cell: Work:

The City of Sharonville Fitness Center

Liability Waiver/ Informed Consent Form (18 years and older)

I, the undersigned, hereby agree to the following:

1. I am voluntarily using the fitness equipment and/or participating in fitness programs at the City of Sharonville Community Center. I recognize that the use of fitness equipment or participation in fitness programs requires physical exertion and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a medical professional prior to and regarding my use of the City of Sharonville's fitness equipment or participation in fitness programs. I represent and warrant that to the best of my knowledge I have no medical condition that would prevent my safe use of the City of Sharonville's fitness equipment or participation in fitness programs.
3. In consideration of the City of Sharonville permitting me to use its fitness equipment or to participate in its fitness programs, I hereby agree to the following conditions:
 - a. I assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of the use of the City of Sharonville's fitness equipment or participation in its fitness programs.
 - b. I understand that the City of Sharonville and the Sharonville Parks and Recreation Department, their employees, their volunteers, city officials and agents shall not be liable for any injury or loss that may be sustained by participation in this program or event or use of the facilities and therefore are held harmless from any claim whatsoever.
 - c. I agree to abide by all other terms and conditions required for the use of the Sharonville Community Center and the fitness equipment.

I have read the above liability waiver and informed consent form and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Participant's Signature _____

Date _____

Witness Signature _____

Date _____

Name of Participant (**print**) _____