



ACCIDENT, WAIVER, RELEASE OF LIABILITY, MEDICAL HISTORY

Last Name		Membership	
Program(s)			

Date	
Last Name	
First Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age and Birthdate	
Main Phone #	
Email	
Address	
Emergency Contact/Phone	

I am eighteen (18) years of age or older and desire to participate in physical activities at MAC Fitness (MAC) located at 12645 Perry Hwy, Wexford, PA 15090.

ACKNOWLEDGEMENT

I acknowledge this Accident Waiver and Release of Liability and Medical History Form will be used by MAC Fitness (MAC) and event holders, sponsors and organizers associated with activities in which I may participate and it will govern my actions and responsibilities at said activities. I understand a minimal level of fitness is necessary to engage in activities at MAC and further recognize participation in activities at MAC can expose me to risks and hazards that are directly or inherently involved and could result in injury or development of a physical condition that may be serious in nature, including the potential loss of limb or life. With full knowledge of the facts and circumstances surrounding these activities, I voluntarily undertake this participation, including all risks of loss of limb or life, property damage, injury to others, and other hazards to me.

I acknowledge there are inherent risks when participating in any sports or recreational activities. I assume all risk of participating in activities at MAC. I also acknowledge that these sports and activities can be an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I assure MAC there are no health-related problems that preclude or restrict my participation in activities. I certify I am physically fit, have sufficiently trained for participation in these activities, and have not been advised otherwise by a qualified medical person.

I understand I will be expected to follow general guidelines and training principles deemed appropriate for normal individuals wishing to participate in an exercise fitness program. MAC Fitness staff will be available to me to answer questions and/or to help me adjust my exercise program; I understand it is my responsibility to seek them out for such assistance. I understand I can and am encouraged to discontinue participation in any activity at any time when I feel unable to continue.

In consideration of my application and permitting me to participate in these activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from these activities, THE FOLLOWING ENTITIES OR PERSONS: MAC Fitness, its officers, employees, volunteers, representatives and agents, event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during these activities.

I understand I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by MAC Fitness, event holders, producers, sponsors, organizers and or assigns.

I further assure MAC that I have adequate health insurance necessary to provide for pay for any medical costs that may directly or indirectly result from my participation at MAC and that I will indemnify and hold MAC harmless in this regard.

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby consent to receive medical treatment deemed advisable in the event of injury, accident and or illness during these activities. I understand that these services are provided on a fee basis.

EXECUTION OF DOCUMENT

I execute this document with full knowledge of the contents and the consequences stated in this release and wavier. I do hereby, for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue to me, against MAC Fitness Center, MAC Fitness Center staff and all its subsidiaries, and all individuals who may render assistance in a medical emergency, from all damages, injuries or death sustained by me in connection with my said association with or participation in the exercise program.

I have had the opportunity to ask for and to receive answers to questions concerning these policies. This form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I have read the above statement, I understand it, and my signature confirms its full acceptance. I attest and verify I have all knowledge of the risks associated in participation and I have no previous or existing medical condition(s) which would contraindicate my safe participation.

Date _____ Print Name _____

Signature _____

Health History

Height		Weight	
Do You Have or Have You Ever Had	Yes	No	Details/Medication
Tobacco in any form?			
Are You Pregnant?			
Heart Attack or Heart Trouble			
Chest Pain or Angina Pectotis			
Coronary Bypass Surgery or Angioplasty			
Abnormal or Positive exercise stress test			
Heart murmur - noted by a physician to be significant or suggestive of a heart abnormality			
Irregular Heart beat or rhythm - noted by a physician to be significant or suggestive of a heart abnormality			
High Blood Pressure (above 140/90)			
Impaired Circulation			
Stroke			
Convulsions or loss of consciousness			
Diabetes Mellitus			
High Blood Cholesterol			
Musculoskeletal limitations of movement			
Difficulty breathing / Shortness of breath			
Arthritis, Rheumatism			
Knee problems			
Chronic, recurrent morning cough			
Episode of coughing up blood			
Anxiety or Depression			
Swollen, stiff, painful joints			
Back Pain (herniated or ruptured disc)			
Shoulder Pain			
Surgery			

I certify to the best of my knowledge the medical information provided is correct and complete. If you answered YES, please consult with physician before beginning this or any exercise program. ALL individuals are strongly encouraged to consult with a physician before entering this or any exercise program.

Physician Name	Phone
Address	

Date _____ Print Name _____

Signature _____

PARENT/GUARDIAN INDEMNIFICATION FOR MINORS

Minor # 1 Name		
Program(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Age	Birthdate
Minor # 2 Name		
Program(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Age	Birthdate
Minor # 3 Name		
Program(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Age	Birthdate

I authorize my child(ren), listed above, to participate in recreational activities provided by MAC Fitness and acknowledge the same inherent risks listed in this document for my child(ren), particularly if my child(ren) fails to follow written warnings or verbal instructions or engages in activities beyond his/her abilities. I will specifically look for and instruct my child(ren) on these dangers and warning signs. Knowing these risks, I believe the benefits of my child(ren)'s participation in these activities outweighs any risk associated with this activity.

Individually, and on behalf of my child(ren), I hereby release MAC Fitness, its agents and employees, from any and all claims arising from known, reasonable and/or inherent risks associated with my child(ren)'s participation. I further understand that it is my responsibility to keep my child(ren) from participating in any activity beyond his/her abilities.

The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of both the minor and the parents or legal guardian.

Parent / Guardian Print Name _____

Signature _____

Date _____