



Staff Use Only

Activity or program PT Guest Family Swim One Day Hotel Pass
 # visits _____ Paid \$_____ Cash/Check/CC Complete Date_____ Exp Date_____ Staff Initials_____

guest name: _____
 address: _____
 city, state, zip: _____
 phone: _____
 email: _____
 date redeemed: _____
 authorized by: _____

**This pass entitles bearer to full facility privileges at
 Powell Wellness Center OR PATH Recreation & Fitness Center.**

In agreeing to participate in membership activity at Powell Wellness Center OR PATH Recreation & Fitness Center, I affirm that my general health is good, that I am not adversely affected by exercise and that I am capable of performing exercise of a vigorous nature. I am aware of the possibility of accidental or physical injury during exercise programs.

In consideration of participating at Powell Wellness Center OR PATH Recreation & Fitness Center, I agree to assume all risks of injury and will hold harmless from any and all liability, actions and demands of every kind and nature whatsoever which I now have or which may arise of or in connection with any participation in activities arranged by Powell Wellness Center OR PATH Recreation & Fitness Center, its employees and staff. These terms will serve as a release and assumption of risk for my heirs, executors and administrators for all members of my family including any minors.

I have read this agreement and understand the exercise in which I will be engaged. I have agreed to the conditions stated above.

signature **date of birth**

emergency contact name **phone**

IF UNDER 18 - parent/guardian printed name **signature**

- YES NO 1. Has your physician ever told you that you have a heart condition?
- YES NO 2. Do you experience pain in your chest when are physically active?
- YES NO 3. In the past month, have you experienced chest pain when not performing physical activity?
- YES NO 4. Do you lose balance because of dizziness or do you ever lose consciousness?
- YES NO 5. Do you have a bone/joint problem that could be aggravated by change in physical activity?
- YES NO 6. Is your physician currently prescribing medications for a blood pressure or heart condition?
- YES NO 7. Do you know of any other reason why should not participate in physical activity?