

Health History Form

Please Print

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Work #: _____

Date of Birth: ____/____/____ I am a Sterling College student: YES or NO

Emergency Contact Name: _____ Phone #: _____

Medication List: _____

List your regular physical activity: _____

Do you now, or have you had in the past:

Yes

No

1. History of heart problems, chest pain, or stroke

2. Family history or heart issues

3. High blood pressure

4. Chronic illness or conditions

5. Difficulty with physical exercise

6. Advice from a physician to not exercise

7. Surgery (last 12 months)

8. Pregnancy (currently, or last three months)

9. Breathing or lung issues

10. Muscle, joint, or back disorder, or previous injury

11. Diabetes or thyroid condition

12. Tobacco use

13. High cholesterol

14. Hernia

Please explain any "yes" answers: _____

SCWC Code of Conduct

- It is a privilege to use the facilities
- No foul language
- Do not drop weights

Housekeeping

- Clean cardio equipment after use
- Remove weights from machines
- No chalk in the weight room

Respect

- The facilities are for ALL Sterling community members ages 11-99+
- Be efficient with your workout; make room for others

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of membership in the Sterling Community Wellness Center, or the use of the Sterling Community Wellness Center as a guest, it is agreed that in addition to any fee charged for said use, I, for myself, or on behalf of _____, a minor of whom I am the legal guardian or legally responsible person, do hereby waive, release, forever discharge and hold harmless, the Sterling Community Wellness Center, its directors, officers, employees, agents, and contractors from any liability for damage, injury and/or death that may occur resulting from my use of the facilities, equipment and machinery, or participation in the Sterling Community Wellness Center programs, events, and activities. I also release all of those mentioned above, and all others acting on their behalf, from any responsibility or liability of whatever nature or kind from all damage, injury, and/or death, including any caused by negligence or omission, in any way arising out of or in connection with my use of or participation in the facilities, equipment, machinery, activities, and programs of the Sterling Community Wellness Center.
(Please Initial _____)
2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
(Please Initial _____).
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent or inhibit my participation or use of equipment, machinery or activities and programs, except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activities and equipment I use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibilities for my participation and activities, and utilization of equipment and machinery in my activities. I understand and agree that staff and employees of the Sterling Community Wellness Center may restrict or prohibit my use of any and all of its equipment, machinery, activities or programs, if in their opinion my health may be placed at risk by such participation, unless and until I receive the approval for such activity by my physician. (Please Initial _____)
4. I acknowledge and agree, as a condition of my membership or guest use of the Sterling Community Wellness Center, that my picture may be taken strictly for identification and security purposes. It is also understood that such picture may not be disseminated to others or used for any other purpose other than stated herein. (Please Initial _____)

DATE: _____

SIGNATURE: _____

SIGNATURE OF LEGAL GAURDIAN IF MEMBER/GUEST IS

UNDER THE AGE OF 18: _____