

# Gravity at Horsham Athletic Club **Health Intake & Equipment Waiver Form**

**Please Print and Complete All Information:**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Email address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work phone: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Referred by: \_\_\_\_\_

Member of Horsham Athletic other Fitness Center? \_\_\_ Yes \_\_\_ No

If yes, please circle or write in name of Fitness Center: \_\_\_\_\_

Training Goals: \_\_\_\_\_

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Do you suffer from motion sickness? YES / NO

Have you recently consulted your Physician about increasing your physical activity? YES / NO

**Health Notice:**

Gravity is not a medical organization and its staff cannot provide medical advice or other services. This facility advises you to consult with your Physician prior to beginning this exercise program and encourages periodic medical check-ups. If you are under the care of a Physician, taking prescription medication or following a diet to treat an illness or disease, you should discuss this exercise program with your Physician. Your Physician can call to schedule a tour of this facility.

>Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

>Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical Information:** Check all that apply and explain.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Arthritis                     | <input type="checkbox"/> Family History of Heart Diseases | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Asthma *(other Lung problems) | <input type="checkbox"/> Hernia                           | <input type="checkbox"/> Smoker         |
| <input type="checkbox"/> Back injury or problems       | <input type="checkbox"/> Hypertension (Blood Pressure)    | <input type="checkbox"/> Stroke         |
| <input type="checkbox"/> Chronic Illness               | <input type="checkbox"/> Joint problems                   | <input type="checkbox"/> Thyroid        |
| <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Knee injuries                    | <input type="checkbox"/> Vertigo        |
| <input type="checkbox"/> Difficulty with exercise      | <input type="checkbox"/> Pregnant                         | <input type="checkbox"/> Other _____    |
- (Please specify)

Current Medications: \_\_\_\_\_

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If you have indicated that **ANY** of the above conditions apply, or know that you have other physical ailments, we recommend that you **CONSULT WITH YOUR PHYSICIAN BEFORE** starting on this or any exercise program and this GRAVITY Center equipment.

Do you have any concerns about starting this exercise program that we should be aware of? If so, explain:

\_\_\_\_\_

# Gravity at Horsham Athletic Club **Health Intake & Equipment Waiver Form**

In consideration of being allowed to participate in the activities and programs of The Gravity Center and to use its facilities and equipment, in the addition to any payment of any fee or charge, I, the member do hereby waive, release and forever discharge The Gravity Center, its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liabilities from injuries or damage resulting from my participation in any activities or my use of the equipment and facilities in the above mentioned fitness center. I do hereby release all those mentioned and any others acting on their behalf from any responsibilities or liability for any injury or damage to myself including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of The Gravity Center and use of any equipment at The Gravity Center.

\_\_\_\_\_ (PLEASE INITIAL)

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury or even death, and that I am voluntarily participating in these activities and using the facilities equipment with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death to myself.

\_\_\_\_\_ (PLEASE INITIAL)

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of the facilities and equipment except as herein after stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise / fitness activity or in the use of exercise equipment. I also acknowledge that it has been recommended that I have a physical examination and consultation with my physician as to the physical activity, exercise and use of exercise and training equipment so that I might have his or her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of The Gravity Center facilities and equipment without the approval of my physician, and do hereby assume all responsibility for my participation and activities and utilization of the equipment and facilities in my activities.

\_\_\_\_\_ (PLEASE INITIAL)

I am over 18 years of age. YES / NO

(Parents signature required if under 18 years of age.) \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Gravity Representative Initials: \_\_\_\_\_