



Staff member

## Medical Health Information

Your physician's name		Last medical checkup	
<input type="text"/>		<input type="text"/>	<input type="text"/>
Emergency contact name	Relationship	Phone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

A physician's consent to exercise is recommended prior to beginning any new exercise program or regime.

Please indicate if you have ever had or currently have any of the following conditions.	Y	✓	N
Any heart condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma, lung, chest or breathing difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fractures or joint injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any major operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you on any prescribed medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any surgery or been hospitalised recently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other medical or health condition not mentioned above that May affect your safe participation in an exercise program or regime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Details			
<input type="text"/>			

I, PRINT YOUR NAME willingly attend and participate in all aspects of the 24/7 gymnasium Workout Zone at my own risk. I believe I am in reasonably good physical health and acknowledge if I engage in exercise routines or similar strenuous activity I could suffer injury, illness or even death. I assume the responsibility and risk of any loss of property, injury, damage to my body, illness or even death resulting from my participation in any activities whilst at Workout Zone or commuting to and from Workout Zone. I will not seek to prosecute, claim compensation or to penalise the 24/7 gymnasium known as Workout Zone, any of their representatives, agents, and or successors. I have read and understand this waiver upon joining and acknowledge how it affects my legal rights.

Applicant or guardian signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
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