



CLIENT MEDICAL SCREEN / LIABILITY RELEASE

Regular physical activity should be fun, safe, and healthy. Prior to beginning a new exercise program, we recommend that you consult with your physician for any potential concern.

Please read the following questions carefully and answer each one by checking **YES** or **NO**.

- Yes No Has your physician ever said you have a heart condition and/or have they limited your physical activity due to this condition?
- Yes No Do you feel pain in your chest when you do physical activity?
- Yes No In the past month, have you had chest pain when you were NOT doing physical activity?
- Yes No Do you lose your balance due to dizziness or do you ever lose consciousness?
- Yes No Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes No Is your doctor currently prescribing drugs (ie water pills) for your blood pressure or heart condition?
- Yes No Do you know of any other reason why you should not do physical activity?
- Yes No Are you over 69 years of age?

If you answered YES to one or more of the above questions:

Talk with your doctor before you begin at Peak.

- Your physician may limit your activities to ones they deem safe for you. Please bring written instructions from your physician outlining these specific guidelines.
- You may be able to do any physical activity you want, as long as you start slowly and build up gradually.

I hereby waive my rights to the Physician Release and assume full responsibility for any risks associated with my fitness program and activities at Peak Fitness and Physical Therapy. Peak Fitness reserves the right to mandate a Physician Release from me at any time. _____ **(Initial here)**

I hereby acknowledge and agree that I am participating in physical activity training and instruction at Peak Fitness and Physical Therapy at my own risk. I understand and are aware of the potentially hazardous nature of any physical activity and am voluntarily participating in these activities. I agree to indemnify and hold Peak Fitness and Physical Therapy (and all owners, administrators, employees, representatives) harmless in the event of accident or injury resulting from participation and utilization of our services and/or facility. _____ **(Initial here)**

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. _____ **(Initial here)**

I hereby certify that I have read the contents of this Informed Consent and Release of Liability, and agree to be bound by the reasonable rules and regulations adopted by Peak Fitness and Physical Therapy in connection with the use of its facilities, equipment, and training. I agree that the foregoing obligations shall be binding of me personally, as well as upon my family and my heirs, executors, administrators, and assigns.

Signature

Print Name

Date

Therapist/Trainer Signature

Date