

Waiver Form and Medical History (Confidential)

Participant Name _____ Parent Name _____

Parent Phone #: _____

Emergency Contact (include phone # and relationship): _____

I. Past Injuries

Do you have, or have you ever had, any of the following conditions? If so, Please check the blank and state the year:

INJURY

DO YOU HAVE THIS INJURY NOW?

- _____ Concussion (s)(number) _____
- _____ Skull fractures (s)(number) _____
- _____ Neck injuries _____
- _____ Shoulder injuries _____
- _____ Elbow injuries _____
- _____ Arm/wrist/hand injuries _____
- _____ Rib cage injuries _____
- _____ Back injuries _____
- _____ Hip injuries _____
- _____ Thigh injuries _____
- _____ Knee injuries _____
- _____ Lower leg injuries/ "shin splints" _____
- _____ Ankle injuries _____
- _____ Foot injuries _____
- _____ Muscle strains (pulls) _____
- _____ Any injury to any part not mentioned? _____
- _____ False teeth or bridge? _____
- _____ Ever had an arthroscopy? What joint? _____
- _____ Ever been advised to restrict activity during the past 5 years? _____

II Past Illness Or Medical Problems

Do you now have, or have you ever had, any of the following conditions? If so, please check the blank and state when:

- _____ Surgical operations: _____
- _____ Confinement to hospital _____
- _____ Frequent headaches _____
- _____ Fainting spells, dizziness or weakness _____
- _____ Weakness or illness when exposed to high temperatures _____
- _____ Epilepsy or convulsions _____
- _____ Numbness or tingling _____

___ Nosebleeds _____
 ___ Difficulty hearing _____
 ___ Heart murmur _____
 ___ Arthritis _____
 ___ Diabetes (type) _____
 ___ Any abnormal bleeding tendencies _____
 ___ Any allergies— _____
 ___ Asthma _____
 ___ Loss of, or serious impairment of, a paired organ (eg., kidney, eye, lung) _____
 ___ Osgood-Schlatter's disease of the knee _____
 ___ Hepatitis or jaundice _____
 ___ Acquired immune deficiency syndrome (AIDS) _____
 ___ Infectious mononucleosis (mono) _____
 ___ Anything not mentioned? _____

Do you take medications regularly? List: _____

1. In consideration of being allowed to participate in the activities and programs of Athletes Peak LLC and to use its facilities, equipment and machinery in addition to the payment of any fee or charge I do hereby waive, release and discharge Athletes Peak LLC and its officers, agents, employees, representatives, executors and all others from any and all responsibility or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do also hereby release all those mentioned and any others acting on their behalf from any responsibility 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 Athletes Peak LLC or the use of any equipment at Athletes Peak LLC. (**Please Initial** _____).
2. I understand and am aware that strength, speed development, flexibility and aerobic exercise, including the use of equipment, is potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participation 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 so 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 equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed by Athletes Peak LLC that it is extremely important for my well being and health that I obtain my physician's approval for my participation in any exercise/fitness activity or Athletes Peak LLC or in the use of exercise equipment or 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 activity, exercise and use of exercise and training equipment so I acknowledge that I have had a physical examination and been given my physician's permission to participate in activity and use of equipment and machinery and do hereby assume all responsibility for my participation in activities and utilization of equipment and machinery in my activities. (**Please Initial** _____)

Parent or Guardian Signature

10/20/08

Date