

MEDICAL/HEALTH HISTORY & WAIVER

Name: _____ Male ___ Female ___ Age: _____

Address: _____

City/State/Zip: _____

Phone: _____ Emergency Contact and Phone #: _____

1. Check and provide an explanation if you have any of the following conditions or have ever been told that you do.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Arthritis/Bursitis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Joint injury/pain |
| <input type="checkbox"/> Heart attack | <input type="checkbox"/> Back problems | <input type="checkbox"/> Recent surgery | <input type="checkbox"/> Smoking history |
| <input type="checkbox"/> Heart surgery | <input type="checkbox"/> Lung disease | <input type="checkbox"/> Hernia | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Muscle disease/injury | <input type="checkbox"/> Currently pregnant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Asthma/allergies | | |

Explain: _____

2. Check and provide an explanation if you have any of the following symptoms:

- | | |
|--|---|
| <input type="checkbox"/> Chest pain/pressure | <input type="checkbox"/> Skipped/irregular heart beat |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Shortness of breath or unusual fatigue |

Explain: _____

3. If you have checked any of the conditions or symptoms listed above, has your doctor approved exercise?

- No Yes

Explain: _____

4. Are you currently taking any medication, pills or drugs? No Yes

If yes, please provide the name(s) of the medication and reason(s) for taking the medication Medication(s):

To the best of my knowledge, I am in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with the participation in this course, including physical injury or even death, and hereby elect to voluntarily participate in said course, knowing that the associated physical activity may be hazardous to me. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me as a result of my participation in this course.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENENT NOT TO SUE the City of Clarksville, its employees, or officials from any and all liability, claims, demands, action and causes of actions whatsoever arising of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the course is being conducted.

It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed a RELEASE, WAIVE, DISCHARGE, AND COVENENT NOT TO SUE the above named parties.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations statements or inducements, apart from the forgoing written agreements have been made and I EXECUTED THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULL INTENDING TO BE BOUND BY SAME.

Signature _____

Date: _____

Print Name: _____

Course: _____

Signature of Guardian if participant is under age 18: _____