



Date: _____

SILVER & FIT MEMBER AGREEMENT

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____

State _____ Zip _____ Phone Number _____

Email Address _____

Male _____ Female _____ Age _____ Birth Date ____/____/____

Emergency Contact _____

How did you hear about Elements? _____

Insurance Company Name: _____

Insurance Member ID: _____

Office Use Only:

Silver & Fit ID: _____ Shape.Net ID: _____

B. Personal Medical History: Do you have or have you had any of these conditions?

1. General:	Yes	Describe condition (include date of occurrence)
Heart Disease	_____	_____
High/Low Blood Pressure	_____	_____
Stroke	_____	_____
Diabetes	_____	_____
Chest Pain/angina	_____	_____
Irregular/rapid heart beats	_____	_____
Respiratory disorders	_____	_____
Anemia	_____	_____
Peripheral vascular disease	_____	_____
Recent illness	_____	_____

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2. Musculoskeletal Conditions: Yes Describe condition (include date of occurrence)

Arthritis	_____	_____
Osteoporosis	_____	_____
Painful joints	_____	_____
Swelling in joints	_____	_____
Muscular weakness	_____	_____
Muscle pain	_____	_____
Former injuries/fractures	_____	_____
Joint replacement	_____	_____
Other:	_____	_____

3. Please list any and all illnesses, hospitalizations, or surgical procedures within the past 2 years.

4. Has a physician restricted activities due to a medical condition or surgical procedure? If yes, please describe.

5. Do you currently have a condition that would affect your ability to do strenuous exercise? If so, please describe.

C. Medication – Prescribed or over-the-counter. Are you taking any of the following medications?

	Yes	Name of Medication	For what condition?	How long?
Anti-depressants	_____	_____	_____	_____
Tranquilizers	_____	_____	_____	_____
Anticoagulants	_____	_____	_____	_____
Blood pressure	_____	_____	_____	_____
Cholesterol/fat lowering	_____	_____	_____	_____
Med. for arrhythmia	_____	_____	_____	_____
Insulin	_____	_____	_____	_____
Oral diabetic medication	_____	_____	_____	_____
Thyroid hormones	_____	_____	_____	_____
Anti-inflammatory	_____	_____	_____	_____
Ulcer medication	_____	_____	_____	_____
Allergy medication	_____	_____	_____	_____
Antihistamines	_____	_____	_____	_____
Other	_____	_____	_____	_____

Member Signature _____ **Date** _____



REQUEST TO PARTICIPATE IN VOLUNTARY EXERCISE PROGRAM AND INFORMED CONSENT, INDEMNIFICATION, AND RELEASE AGREEMENT

I request permission to engage in a voluntary exercise program in order to attempt to improve my physical fitness and wellness. I understand that the purpose of the exercise program includes, but is not limited to, developing and maintaining cardiovascular endurance, muscular strength and endurance, flexibility and agility.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of those symptoms.

I also understand that muscle soreness is a normal and expected part of any exercise regimen-whether initially working towards physical fitness or increasing intensity on an already established program. The difference between muscle soreness and musculoskeletal injury is judgmental, but I will agree to refrain from further participation until I have had any concerns resolved by appropriate medical personnel.

I have truthfully answered the Health/Medical History Questionnaire to the best of my knowledge regarding my past and current health. In the event that a medical clearance must be obtained prior to my participation in the exercise program due to discretion of the instructor, I agree to consult my physician and obtain written permission from my physician before commencement of any exercise program.

I understand that although *Elements* facilities, equipment, services, and programs are designed to provide a safe level of beneficial exercise and enjoyment, there is an inherent risk that use or misuse of such facilities, equipment, services, and programs may result in injury to me. In consideration of being allowed to participate in this voluntary exercise program, I agree to assume all risk of such exercise. In further consideration, I agree that I, my heirs, executors, administrators, personal representatives, guardians, successors, and assigns will indemnify and hold harmless Colonial, its directors, operators, and employees (hereby referred to as releasees), from all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, whether caused by the negligence of the releasees or otherwise, during, or arising in any way from my voluntary participation in activities at *Elements*.

I hereby grant Community First Solutions permission to take photographs and/or videos of myself and use reproductions of said photographs for the purpose of promoting the organization through advertising, marketing, or public relations.

I have read and voluntarily signed this Request to Participate in Voluntary Exercise Program and Informed Consent, Indemnification, and Release Agreement. I further agree that no oral representations, statements, or inducements apart from this written agreement have been made.

Name: _____ **Date:** _____

Signature: _____

