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AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the activities and programs of The Energy Lab and use its facilities, equipment and machinery, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge The Energy Lab and its directors, officers, agents, employees, representatives, successors and assigns, administrators, executors and all others from any and all responsibilities and liability from injuries or damages resulting from my participation in any activities or my use of facilities, equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the ordinary negligence of the program or any of its agents due to any such ordinary negligent act or omission of any participation in any activities of The Energy Lab or the use of any facilities/equipment or machinery at The Energy Lab. This also includes any negligence associated with the presence of or transmission of any bacteria, viruses or infectious diseases. I acknowledge and understand that this release is given in advance of any injury or damage to me and it includes injury or damage to me caused by the ordinary negligence of those released hereby but not from any claims related to gross negligence or willful/wanton/criminal/intentional conduct or acts of those who are otherwise released hereby.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL _____.

2. I hereby grant full permission to any and all the above mentioned persons, natural or not, to use my name, voice and/or picture either on or hereby grant full permission to any and all the above mentioned persons, natural or not, to use my name, voice and/or picture either on or offline: in any broadcast, telecast, advertising, promotion or other account of The Energy Lab and its activities for any purpose whatsoever.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL _____.

3. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve the risk of injury and even death, and that I am voluntarily participating in these activities and using facilities, 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.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL _____.

4. I do 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 of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL _____.

This agreement shall be binding upon the undersigned, his/her heirs, executors, administrators and assigns.

Signature

Date

Print Name

Date of Birth

Street Address

City, State, Zip

Phone number

Email address

Emergency Contact

Emergency Contact Phone Number



PAR-Q & YOU

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

Please read the questions carefully and answer each one honestly.

Circle One		MEDICAL QUESTIONNAIRE
YES	NO	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
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 because of 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? <input type="checkbox"/> Shoulder _____ <input type="checkbox"/> Knee _____ <input type="checkbox"/> Back _____ <input type="checkbox"/> Other _____
YES	NO	Is your doctor currently prescribing drugs for high blood pressure or any heart condition? If yes, which drug? _____
YES	NO	Do you currently have the Corona Virus or are you experiencing any fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell? If yes, we encourage you to self-quarantine and contact your doctor.
YES	NO	Do you know of any other reason why you should not do physical activity? _____

If you answered yes to any of these questions, we encourage you to consider talking to your doctor before becoming more physically active. The Energy Lab and their agents assume no liability for persons who undertake physical activity. I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME _____ DATE _____

SIGNATURE _____