

**FIRST MOUNT ZION BAPTIST CHURCH  
FIT BY GOD FITNESS COMPLEX  
GUEST AGREEMENT/WAIVER with MEDICAL HISTORY**

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Guest of: \_\_\_\_\_

Membership Number and Signature \_\_\_\_\_

**Please answer the following questions**

YES

NO

1. Have you had a heart attack, stroke or any other heart problems?

2. Do you frequently have pains in your heart and chest?

3. Do you experience dizziness/fainting spells at rest or with exertion?

4. Do you have high blood pressure ( $\geq 140/90$ ) or are you on medication for high blood pressure?

5. Do you have insulin-dependent diabetes?

6. Are you currently taking prescription medication for an underlying disorder?

7. Do you have any medical condition that you or physician feel might affect your ability to participate in an exercise program?

8. Do you have a bone or joint problem such as arthritis that has been aggravated by exercise or might worsen by exercise?

9. Are you a male over 45?

10. Are you a female over 55?

11. Do you consider yourself more than 20 lbs overweight?

(Over Please)

## **Guest Agreement/Waiver**

The undersigned guest agrees to abide by the rules of the First Mount Zion Baptist Church Fitness Complex, including the completion of the above medical questionnaire.

The undersigned guest agrees the use of First Mount Zion Baptist Church's facilities, services and programs shall be undertaken at his/her sole risk and First Mount Zion Baptist Church shall not be liable for any injuries, accidents or deaths occurring to guest, arising either directly or indirectly out of utilizing the First Mount Zion Baptist Church facilities, services and programs. The guest, for himself/herself and on behalf of his/her executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue First Mount Zion Baptist Church, its officers, employees or agents for all such claims, demands, injuries, damages or cause of action, with respect to use of the First Mount Zion Baptist Church's facilities, programs and services.

The undersigned guest declares that they have completed the enclosed medical questionnaire as required by First Mount Zion Baptist Church and that they declare they are physically able to participate in physical activity. Furthermore, guest declares that First Mount Zion Baptist Church has advised guest to obtain a medical clearance in the event they answer yes to any of the medical history questions, or if they are unsure of their physical health and that guest maintains the he/she is physically capable of pursuing physical activity in First Mount Zion Baptist Church without such steps being taken or has done so.

Guest Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Minors:**

Parent/Guardian

Name (please print) \_\_\_\_\_

Relationship to Guest \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Signature \_\_\_\_\_