

Life Center Guest Health History

Fee:

- \$10.00 Adult Guest
- \$5.00 Child Guest (13 and under)
- No Charge (attach guest pass)

Date Visit	Time	Staff Initials

PLEASE PRINT - PHOTO ID REQUIRED

NAME _____ D.O.B ____/____/____ MALE FEMALE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

REASON FOR VISITING THE LIFE CENTER: _____

Please answer the following questions (Completed by Guest):

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or have you ever lost consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing medication (for example, water pills) for your high blood pressure or heart condition? |

If a guest checks yes to any of the above questions, a blood pressure will be taken. If the blood pressure is above 140/90, the guest will not be allowed to work out.

I certify that the information and answers to the questions above are true and correct to the best of my knowledge. Therefore, in consideration of being afforded guest privileges at the Prisma Health Life Center on the date indicated, and the opportunity to participate in fitness programs, including use of the Life Center facilities, the undersigned hereby agrees to waive, release and hold harmless the Life Center, Prisma Health, its Board of Trustees, and their agents, servants, and employees from all claims, liability, demands, rights and causes of action, present or future, whether known or unknown, anticipated or unanticipated, whether or not resulting from, arising out of, or incident to the undersigned's use of, presence at or guest privilege in the Life Center.

It is expressly understood and agreed that the undersigned is voluntarily participating in all exercise, fitness and other activities at his/her own risk, and that the undersigned has read and understands the above release and agreement to hold harmless and agrees to be bound by the terms thereof.

Emergency Contact _____ Phone _____

I verify that the above information is true to the best of my knowledge.

Signature of guest _____ Date ____/____/____

Witness _____

