



Life Center
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**Guest Health History** 

\$10.00 Adult Guest   \$5.00 Child Guest (13 and under)   \$5.00 Child Guest (14 and un											
ADDRESS  CITY STATE ZIP  EMAIL PHONE  REASON FOR VISITING THE LIFE CENTER:  Please answer the following questions (Completed by Guest):  YES NO  1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?  2. Do you feel pain in your chest when you do physical activity?  3. In the past month, have you had chest pain when you were not doing physical activity?  4. Do you lose your balance because of dizziness or have you ever lost consciousness?  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?  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 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.	□ \$10 □ \$5.0	00 Child	Guest uest (13 and under)								
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Signature of guest	Emerg	ency Con	ct Phone								
Witness											
	Signat	ure of gu	t Date/								
	Witnes	ss	Please turn over for minor (under 18 years) Liability Release Form								

## Minor Guest Liability Release (For guest under 18)

Name of Ch	nild:									
□ Male	☐ Female	D.O.B:			Age:	Grade:				
I, the undersigned parent or legal guardian for the above named minor child(ren), understand that there is risk of injury associated with participation in any fitness program, including the use of the Life Center facilities. In consideration of having the above named child(ren) afforded guest privileges at the Prisma Health Life Center, and being permitted to participate in the fitness programs and activities at the Life Center, hereby release and hold harmless the Life Center, the 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, anticipated or unanticipated, resulting from, arising out of, or incident to the above named child(ren)'s use of, presence at or guest privilege in the Life Center Health and Conditioning Club.										
It is expressly understood and agreed that the undersigned is voluntarily permitting the above named child(ren) to participate 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.										
I verify that the above information is true to the best of my knowledge										
 Signature o	of Parent or L	egal Guardia				Date				
	ne	<u> </u>								
riniceu Nan		******								
Signature o	f Witness	*								