

## Guest/Prospective Member PAR-Q (Physical Activity Readiness Questionnaire)

I hereby expressly release Life Center on the Green, Inc. d/b/a Galter LifeCenter ("Galter LifeCenter") and its agents and employees from any and all responsibilities or liabilities to me for injuries that might be sustained while doing any of the exercises or utilizing any of the facilities equipment.

- |                          |                          |  |
|--------------------------|--------------------------|--|
| YES                      | NO                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and 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 do you ever lose consciousness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone/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 drugs (for example, water pills) for your blood pressure or heart condition?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not do physical activity?  |

If you answered yes to one or more of these questions, you should talk to your doctor before becoming a guest at Galter LifeCenter because you may be at a higher risk for injury or adverse health consequences. If you answered yes to one or more of the above questions and you choose not to talk to your doctor before becoming a guest, you acknowledge that you are choosing not to follow the recommendation for doctor approval and consultation. \_\_\_\_\_

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**Note:** This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer yes to any of the seven questions.

As a guest of Galter LifeCenter, I have not participated in the fitness evaluation or received any instructions. I hereby assume full responsibility for any injury, loss, or damage sustained by me or my family on or about the premises of Galter LifeCenter, or as a result of my intended use of the facilities and my participation in Galter LifeCenter sponsored events and activities. I hereby consent and agree that Galter LifeCenter, its affiliates, directors, officers, employees, agents, independent contractors, and representatives shall not be liable for any such injury, loss, or damage, to myself or my family. I hereby fully and forever release and discharge Galter LifeCenter from all liabilities, claims, demands, rights of action or causes of action resulting from acts or omissions of active or passive negligence on my part or the part of the LifeCenter. I hereby agree that this assumption of risk and release of liability agreement shall remain in full force and effective until I revoke it by giving written notice to Galter LifeCenter on their designated form.

GUEST/PROSPECTIVE MEMBER NAME	DATE OF BIRTH
ADDRESS	CITY STATE ZIP
PHONE	EMAIL
EMERGENCY CONTACT	PHONE
SIGNATURE OF GUEST/PROSPECTIVE MEMBER OR THEIR PARENT/GUARDIAN (IF UNDER AGE 18)	DATE