



Guest Agreement and Waiver

Name: _____ Date: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Birthdate: _____

Guest Of: _____

If you answer yes to any of the following questions, we will required a completed physician's approval form before you workout at the gym. The desk staff will be happy to fax the necessary form to your doctor.

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 often feel faint or have spells of severe dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem 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 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? |

The undersigned guest agrees to abide by the rules of the club, including the completion of the above medical questions.

The undersigned guest agrees that all use of Los Osos Fitness's facilities, services and programs shall be undertaken at his/her sole risk and Los Osos Fitness shall not be liable for any injuries, accidents or death occurring to guest, including those caused by the negligent act, arising either directly or indirectly out of utilizing Los Osos Fitness's facilities, services and programs. The guest, for him or herself and on behalf of his or her executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish and covenants not to sue Los Osos Fitness, its officers and agents for all such claims, demands, injuries, damages or causes of action with respect to use of the Los Osos Fitness facilities, programs and services.

The undersigned guest declares that they have completed the enclosed medical questionnaire as required by Los Osos Fitness and that they declare they are physically able to participate in physical activity. Furthermore, guest declares that Los Osos Fitness 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 that he or she is physically capable of pursuing physical activity in Los Osos Fitness without such steps being taken or has done so.

Signature: _____ Date: _____

Signature of Parent or Guardian (if under 18): _____