

Chevy Chase Athletic Club

METRO FITNESS / Waiver Form

General Information

How did you hear about Metro Fitness?

Date: _____

Name: _____

Street: _____

City: _____ State _____ Zip _____

Phone:(work) _____

(home) _____

Company: _____

Title or Occupation: _____

Referred by: _____

Birthday: _____

Emergency Contact and Phone Number:

Physician's Name: _____

Physician's Phone: _____

In what sports/fitness activities do you participate?

What time of day do you prefer to exercise?

Are you interested in nutritional counseling?

Spouse Information

Name: _____

Occupation: _____

Phone: (work) _____

Medical History

I have been treated for the following: (please circle)

Heart Disease

Chest Pain

Seizures

Diabetes

Back Problems

Neck Problems

Arthritis

Hypoglycemia

Please list any medications you are currently taking: _____

Are you currently pregnant? _____

For Office Use

Employer Initials

Problem Areas: _____

Short-Term Fitness Goals: _____

Long-Term Fitness Goals: _____

Waiver of Responsibility for Personal Injury and/or Property Damage or Loss

Client knowingly and voluntarily assumes all risks of his/her use or misuse of any equipment or facilities of Metro Fitness, recognizing that all physical exercise may involve cause of possible injury. It is expressly made a condition precedent to membership at Metro Fitness that Client waives, releases, indemnifies and saves harmless Metro Fitness, its employees, agents, and partners from all claims of every kind of injury, loss or damage occasioned by Client's use of Metro Fitness instruction, facilities or equipment.

Signature: _____