

Guest Pass _____ Date: _____

Physical Therapist _____ Injured Area _____

Guest Information Card

Thank you for visiting our facility! We look forward to helping you reach your health and fitness goals!

Name: _____ Email: _____

Address: _____

Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relation: _____ Phone: _____

How did you hear about us? (Please circle one of the following):

Newspaper Friend *HealthQuest* *FitnessQuest* Outside Sign Website Flyer/Mailer Internet

If "Other" please explain: _____

Please indicate your level of importance for the following topics?

(**V** = Very Important **S** = Somewhat Important **N** = Not Important)

___ Weight Loss ___ Personal Training ___ Classes ___ Doctor Recommended ___ Sports Training ___ Nutrition

If "other" please list and explain: _____

Waiver and Release of Liability:

I fully understand and acknowledge that recreational and fitness activities, have (a) inherent risk, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives, employees, or volunteers of ,FitnessQuest & HealthQuest ("The Facility"), the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes; (d) by my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employees, or volunteers of the Facility, or by any other person. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify The Facility and it representatives, employees, and volunteers from any and all claims, actions or losses of bodily injury, property damage, wrongful death, losses of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives, employees, and volunteers of The Facility.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE THE FACILITY FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Signature _____ Date _____

Witness _____ Date _____

For Office Use Only

Contact Person: _____ Location: _____ Follow-up Date: _____

Result: _____
