

DIAMOND EDGE ACADEMY SPORTS PERFORMANCE

Exercise Registration Form

Participant's Name: _____
Last First

Home Address: _____
Street City State Zip

Phone: _____
Home Cell Work

Email: _____
Primary Email Secondary Email

DOB: _____ Age: _____ Height: _____ Weight: _____ Sex: _____
MM/DD/YYYY

Allergy to the Following (List Specific)

Food: _____ Medication: _____
List All Foods

Emergency Contact: _____ Phone: _____
First - Last Cell

Physician Contact: _____ Phone: _____
Doctor Name Office

ADVISORY AND PERSONAL ASSESSMENT

Participation in any exercise program may increase your risk of injury. Such risks can include, but are not limited to permanent injury or death from falls, collision with others, the exercise room equipment and/or your physical status. The following medical conditions may affect your participation in this program and increase your risk. Please check accordingly and explain specifics. Consultation with your physician is recommended for your participation in this exercise program.

Medical Condition	Yes	No	If Yes, please give specifics
Heart Condition			
High Blood Pressure			
Surgery within the Past 6 Months (location)			
Fainting Tendency or Dizziness			
Chest Pain or Breathlessness During and/or After Mild Exertion			
Bone, Joint, Muscle, Tendon Problems (arthritis, osteoporosis, tendonitis or any joint replacement of hip, knee, shoulder)			
Other Diagnosed or Suspected Problems (asthma, diabetes, thyroid disease)			

MEDICATIONS

Medications may affect your heart rate response to exercise or your ability to exercise. Please list the medications prescribed and the reason for taking.

Medication and Frequency	Reason

WAIVER, RELEASE AND INDEMNITY AGREEMENT

1. I understand that my participation in any exercise program may increase my personal risk of injury.
2. I understand that the level of my participation in the exercise program and which exercises to perform must be determined by me in consultation with my physician, and that the Diamond Edge Academy Sports Performance program and the instructor(s) are not responsible for the intensity of my participation.
3. I understand that the instructor(s) is not a physician, nurse, or emergency medical technician and that, by offering this exercise program, Diamond Edge Academy Sports Performance instructors/staff are not assuming any responsibility for my medical condition. If my medical status should change, I will immediately consult my physician about continuing or discontinuing my participation.
4. I have read the advisory and have consulted with my physician for approval to participate in this exercise program. I hereby personally assume any and all risks associated with my participation.
5. I hereby release, indemnify and hold harmless Diamond Edge Academy and Diamond Edge Academy Sports Performance, its trustees, officers, subsidiaries, affiliates, employees, agents and the instructor(s) of the exercise program I have chosen to attend, from any and all damages, claims, actions, liability and expenses (including costs of judgments, settlements, court costs and attorney's fees), regardless of the outcome of such claims or actions arising out of or relating in any way to my participation in the exercise program.
6. Should a provision of this agreement or portion thereof be found invalid or void as against public policy by any court or competent jurisdiction, the remainder of this agreement shall nonetheless remain in full force and effect.
7. I acknowledge that I have read and agree to the terms of this Waiver, Release and Indemnity Agreement and have been given the opportunity to ask questions and in turn have received and understand all the information provided. I have also completed the Advisory and Personal Assessment with true and accurate information to the best of my knowledge.

Participant's Signature: _____

Date: _____
MM/DD/YYYY

Parent/Guardian Signature: _____
(If Under the Age of 18)

Date: _____
MM/DD/YYYY