Member Name: _____ Account # _____

Date: _____

FITNESS CENTER RULES

1. The minimum age to enter the fitness center is 16.
2. A release/waiver must be completed before entering the fitness center.
3. Shirts and shoes required; no sandals permitted.
4. No personal radios except for use on bikes and stair masters.
5. No food or drinks; water bottles with caps allowed
6. Do not bang weights, remember to wipe pads after each use, and remove pin from weight stack.
7. Return all weights to their proper place.
8. Read instructions located on each machine for proper use.
9. Prior to working out, warm up for a minimum of 4 minutes on a bike or stair master.
10. Select a weight for each machine that allows you to do between 8-12 repetitions at a maximum.
11. On each repetition lift the weight in 2 counts, then lower the weight in 4 counts. Move closer if in doubt about the speed of movement.
12. The suggested Nautilus training is 3-4 time per week.
13. Proper utilization of the equipment is a must. The way in which weights are lifted is of great importance. Do not sacrifice for in an attempt to produce results. In strength training, when performed properly, there's everything to gain and nothing to lose.
14. All equipment is to be wiped down after use by the user.

MEMBER/GUEST WAIVER

I, (Print) _____ release and waive Heritage Springs Community Association Inc. from all claims and costs arising from my participation in a fitness program/activity. This also includes any future illnesses or injuries there from. I have no physical condition that would preclude my use of the fitness center. I have read the rules and agree to abide by them. I understand that a fitness orientation is required before using the fitness center.

Signature: _____

VOLUNTARY
MEDICAL HISTORY INFORMATION

DO YOU NOW, OR HAVE YOU EVER HAD OR BEEN TREATED FOR THE FOLLOWING:

	Member Name: _____		Member Name: _____	
	YES	NO	YES	NO
1. Heart problems, chest pain or stroke	_____	_____	_____	_____
2. High Blood Pressure	_____	_____	_____	_____
3. Chest pain or pressure	_____	_____	_____	_____
4. Any Chronic Illness	_____	_____	_____	_____
5. Recent surgery	_____	_____	_____	_____
6. Lung or breathing problems	_____	_____	_____	_____
7. Muscular pain or injuries	_____	_____	_____	_____
8. Bone or joint injuries	_____	_____	_____	_____
9. Diabetes or thyroid condition	_____	_____	_____	_____
10. Increased cholesterol levels	_____	_____	_____	_____
11. Arthritis	_____	_____	_____	_____
12. Back or spinal injuries	_____	_____	_____	_____
13. Cigarette smoker	_____	_____	_____	_____

If you answered yes to any above question please explain below:

_____

_____

_____

_____

_____

_____

I acknowledge that it has been recommended that I have a physical examination and consultation with my physician prior to participating in the Fitness Center Program or I have decided to participate in the Fitness Center Program without consultation of my physician and do hereby assume all responsibility for my participation.

Signature: _____ Signature: _____