



# Fitness Room Registration and Liability Release Agreement

(Please Print/Front and Back of page)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Emergency Name and Contact # \_\_\_\_\_

DOB \_\_\_\_\_ Gender (circle) M F Email Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Car Make & Model \_\_\_\_\_ License Plate # \_\_\_\_\_

Would you like to receive email updates of CLC events and programs? Yes \_\_\_\_\_ No \_\_\_\_\_

Church Membership (please circle) FBC None Other \_\_\_\_\_

Would you like information about First Baptist Church? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a personal relationship with Jesus Christ? Yes \_\_\_\_\_ I'm not sure \_\_\_\_\_ No \_\_\_\_\_

## Do you now have or have you had...

- |                                       |   |   |
|---------------------------------------|---|---|
| • Heart condition?                    | N | Y |
| • High blood pressure?                | N | Y |
| • Lung condition?                     | N | Y |
| • Diabetes?                           | N | Y |
| • Heart Problems in immediate family? | N | Y |
| • High blood cholesterol?             | N | Y |

## In the past 3 months...

- |  |   |   |
|--|---|---|
| • Surgery?                                     | N | Y |
| • What type? _____                             |   |   |
| • Pregnancy? N Y (Due Date _____)              |   |   |
| • Are you presently taking any medication? N Y |   |   |
| List medications _____                         |   |   |
| • Do you have any allergies? N Y               |   |   |
| List allergies _____                           |   |   |
| • Experience dizziness? N Y                    |   |   |

## In the past 2 years, have you had...

- |  |   |   |
|--|---|---|
| • A chronic illness?                   | N | Y |
| Describe _____                         |   |   |
| • Muscle, joint, or back disorder?     | N | Y |
| • Chest pains during rest or activity? | N | Y |
| • A stroke?                            | N | Y |
| • Have epilepsy?                       | N | Y |
| • Have emphysema?                      | N | Y |

If you answered "yes" to any of the questions,  
does your physician know you are participating  
in an exercise program? (circle) Yes No

Dr.'s name \_\_\_\_\_

**\*\*In the event of an emergency, please identify any additional information that would be necessary for emergency medical personnel:** \_\_\_\_\_

First Baptist Church Christian Life Center \* 230 J.R. Miller Blvd. \* Owensboro, KY 42303

Mailing address \* P.O. Box 904 \* Owensboro, KY 42302-0904

Office: 270-683-3505 \* Fax: 270-683-8067 \* [www.fbcowb.org](http://www.fbcowb.org)

I agree that all questions were answered truthfully and completely, and that I am able to fully participate in recreation activities. Should I feel faint, dizzy, nauseous, or short of breath, I will immediately notify my instructor or Christian Life Center staff. I acknowledge that in using the facilities of First Baptist Church's Christian Life Center (CLC), and in participation in any of the programs and events available at the CLC, there is the possibility of injury, illness, and damage to me and to my property. I assume the risk of any injury, illness and damage, and I hereby release and hold harmless First Baptist Church and its employees, staff, volunteers, agents, and members from any liability for any injury, illness, damage to me or to my property that occurs during my presence in, or arises out of my use of, the CLC and any programs or events offered at the CLC.

Furthermore, I have received, read and comprehend the Policies and Procedures Manual for the First Baptist Church Christian Life Center and understand that my admittance and use of this facility is contingent upon my adherence to these guidelines.

I hereby authorize First Baptist church to release all provided medical information to any and all emergency medical personnel.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parental release for minor children

*(Children under 18 must have parent complete this section.)*

I agree that all questions were answered truthfully and completely regarding my minor child, \_\_\_\_\_, and that my child is able to fully participate in recreation activities. I acknowledge that when my child is using the facilities of First Baptist Church's Christian Life Center (CLC), and participating in any of the programs and events available at the CLC, there is the possibility of physical injury, illness, and damage to my child and my child's property. I, individually, and on behalf of my minor child, assume the risk of any such injury, illness and damage; and I hereby release and hold harmless First Baptist Church and its employees, staff, volunteers, agents, and members from any liability for any injury, illness, and damage to my child or my child's property that occurs during my child's presence in, or arising out of my child's use of the CLC and any programs or events offered at the CLC. Furthermore, in the event of an accident (if staff is unable to contact a parent or guardian for participants under 18) I hereby grant permission to said staff to administer necessary basic first aid and/or take applicant to the nearest hospital or medical facility for additional treatment. I hereby authorize First Baptist church to release all provided medical information about my minor child to any and all emergency medical personnel.

Parent/Legal Guardian must sign if under age 18 \_\_\_\_\_

(Signature must be acquired in the presence of Recreation Ministry personnel for children under 18)

Parent's Name (printed) \_\_\_\_\_

- *Form to go in permanent file to be retained by the First Baptist Church Recreation Ministry. First Baptist Church recognizes that certain information is private. This information will be used in the event of an emergency or as otherwise appropriate.*
- *Fitness Room Proximity card remains active with current membership fees.*

### FOR FBC CLC STAFF USE ONLY

☐ Family (#) \_\_\_\_\_ ☐ Individual ☐ (16/17 year old) Minor

Membership (circle) FBC GUEST Digital Picture # on camera \_\_\_\_\_ Card # \_\_\_\_\_

Card Pmnt date \_\_\_\_\_ Pmnt Rcvd by \_\_\_\_\_ Orientation Date \_\_\_\_\_ by Staff Member \_\_\_\_\_

Payment info : Amount \$ \_\_\_\_\_ (circle) CASH OR CHECK (# and bank) \_\_\_\_\_