



# THE CHATHAM CLUB

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER \_\_\_\_\_

## WAIVER AND RELEASE FORM

BECAUSE PHYSICAL EXERCISE IS STRENUOUS AND CAN SUBJECT YOU TO THE RISK OF SERIOUS INJURY OR DEATH, THE CHATHAM CLUB (THE "CLUB") URGES YOU TO OBTAIN A PHYSICAL EXAMINATION FROM A DOCTOR BEFORE USING ANY EXERCISE EQUIPMENT OR PARTICIPATING IN ANY EXERCISE ACTIVITY. YOU AGREE THAT IF YOU ENGAGE IN ANY PHYSICAL EXERCISE OR ACTIVITY OR USE ANY CLUB EQUIPMENT OR AMENITY, WHETHER ON OR OFF CLUB PROPERTY, INCLUDING ANY CLUB SPONSORED EVENT, YOU DO SO ENTIRELY AT YOUR OWN RISK. ANY RECOMMENDATION FOR CHANGES IN YOUR DIET, INCLUDING THE USE OF ANY FOOD SUPPLEMENT, WEIGHT REDUCTION AND/OR BODY BUILDING ENHANCEMENT PRODUCT, ARE ENTIRELY YOUR RESPONSIBILITY AND YOU SHOULD CONSULT A DOCTOR PRIOR TO UNDERTAKING SUCH CHANGE. YOU AGREE THAT YOU ARE VOLUNTARILY PARTICIPATING IN CLUB ACTIVITIES AND VOLUNTARILY USING CLUB EQUIPMENT AND FACILITIES AND THAT YOU ASSUME ALL RISKS OF INJURY, ILLNESS OR DEATH. ADDITIONALLY, THE CLUB IS NOT RESPONSIBLE FOR ANY LOSS TO YOUR PERSONAL PROPERTY.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, DEATH AND ALL INJURIES WHICH YOU MAY INCUR AS A RESULT OF, (A) YOUR USE OF CLUB AMENITIES AND EQUIPMENT AND YOUR PARTICIPATION IN ANY CLUB ACTIVITY, CLASS, PROGRAM, PERSONAL TRAINING OR INSTRUCTION, (B) THE SUDDEN AND UNFORESEEN MALFUNCTIONING OF ANY CLUB EQUIPMENT, (C) CLUB INSTRUCTION, TRAINING, SUPERVISION OR DIETARY RECOMMENDATIONS, (D) YOUR SLIPPING AND/OR FALLING WHILE IN THE CLUB OR ON CLUB PROPERTY, INCLUDING ADJACENT SIDEWALKS AND PARKING AREAS, AND (E) ANY DAMAGES TO YOUR VEHICLE WHILE ON CLUB PROPERTY.

YOU ACKNOWLEDGE THAT YOU HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" FORM AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. YOU EXPRESSLY AGREE TO RELEASE AND DISCHARGE THE CLUB AND ITS OWNERS, AFFILIATES, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION YOU MAY HAVE AND YOU AGREE TO VOLUNTARILY GIVE UP AND WAIVE ANY RIGHT THAT YOU MIGHT OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST THE CLUB FOR DEATH, PERSONAL INJURY OR PROPERTY DAMAGE.

TO THE EXTENT THAT STATUTORY OR CASE LAW DOES NOT PROHIBIT WAIVERS AND RELEASES FOR NEGLIGENCE, THIS WAIVER AND RELEASE IS ALSO FOR NEGLIGENCE ON THE PART OF THE CLUB AND ITS OWNERS, AFFILIATES, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS.

IF ANY PORTION OF THIS WAIVER AND RELEASE IS DETERMINED TO BE INVALID BY A COURT OF COMPETENT JURISDICTION, THEN THE REMAINDER OF THIS WAIVER AND RELEASE SHALL REMAIN IN FULL FORCE AND EFFECT AND THE OFFENDING PROVISION OR PROVISIONS SHALL BE SEVERED.

BY SIGNING THIS WAIVER AND RELEASE, I ACKNOWLEDGE THAT I UNDERSTAND ITS CONTENTS AND THAT THIS WAIVER AND RELEASE CANNOT BE MODIFIED ORALLY.

WAIVER AND RELEASE OF LIABILITY AS DESCRIBED ABOVE

\_\_\_\_\_

Signature (parent or guardian if under 18 years old)

\_\_\_\_\_

Date



# THE CHATHAM CLUB

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Date \_\_\_\_\_

Circle:  
TEMP | SQUASH | SPT | TEAM BLDG

EXPIRES:

NAME \_\_\_\_\_ DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ EMERGENCY CONTACT # \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHYSICIAN'S PHONE \_\_\_\_\_

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7	Do you know of any other reason why you should not engage in physical activity?		
8	Please list any known allergies:		

If you answered "Yes" to one or more of these questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

SIGNATURE (PARENT OR GUARDIAN IF UNDER 18) \_\_\_\_\_ DATE \_\_\_\_\_



## Release Form for Media Recording

I, the undersigned, do hereby consent and agree that The Chatham Club, its employees, or agents have the right to take photographs, videotape, or digital recordings of me to be used in any and all media, now or hereafter known, and exclusively for the purpose of promoting The Chatham Club. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. This permission shall continue forever unless I revoke the permission in writing

I do hereby release to The Chatham Club, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will not be financial or other remuneration to the recording of me, either for initial or subsequent transmission or playback.

I also understand that The Chatham Club is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Witness for the undersigned \_\_\_\_\_

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

Parent or Guardian Signature (if under 18 years of age)

\_\_\_\_\_ Date \_\_\_\_\_