

The Fitness Center at Optimal Health & Wellness, LLC
1704 Broadview Blvd, Suite 2, Natrona Heights, PA 15065 * 724-230-0255

Name: _____
Emergency Contact: _____

Date of Birth: _____
Phone: _____

I understand and acknowledge that the physical fitness equipment, training, programs and events held by The Fitness Center at Optimal Health & Wellness, LLC ("The Fitness Center") may expose me to many inherent risks, including but not limited to accidents, injury, illness, or death. I assume all risk of injuries associated with the use of the physical fitness equipment and/or participation in training, programs or events including, but not limited to, falls, contact with other members or visitors, the effects of weather, including high heat and/or humidity, faulty equipment, broken equipment, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death, and all other such risks being known and appreciated by me. I represent and warrant that I am in sufficient physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to my health, safety, comfort or physical condition if I engage or participate in physical activities. I understand that a medical examination to assure myself of physical fitness is recommended and that obtaining such an examination is my own responsibility. I recognize that utilizing health club facilities, physical fitness equipment, or engaging in a physical fitness training, program, or event may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities and that **ALL ACTIVITIES ARE DONE AT MY OWN PACE AND NOT UNDER THE SUPERVISION OF A STAFF MEMBER. I UNDERSTAND THAT ALTHOUGH THIS IS A 24-HOUR HEALTH CLUB FACILITY THAT HAS VIDEO SURVEILLANCE, IT IS NOT MONITORING MY FITNESS CAPABILITY. I AM SOLELY RESPONSIBLE FOR MY OWN ACTIONS WITHIN AND AROUND THE FITNESS CENTER.** After having read this Assumption of Risk, Waiver and Release Form and knowing the facts, and in consideration of membership and/or admittance to The Fitness Center, **I KNOWINGLY AND FREELY ASSUME ALL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY** that may be sustained to me as a result of my use of or participation in the health club, its facilities, equipment, trainings, programs and/or events.

In addition, after having read this Assumption of Risk, Waiver and Release Form and knowing the facts, and in consideration of membership and/or admittance to The Fitness Center, I agree, for myself and anyone entitled to act on my behalf, to **FULLY AND FOREVER WAIVE, HOLD HARMLESS, DISCHARGE, AND RELEASE** The Fitness Center, its officers, owners, organizers, agents, employees, independent contractors, instructors, insurers, affiliates, representatives, successors and assigns from any responsibility, liabilities, demands, damages, charges, rights of action, or claims of any kind, whether present or future, whether known or unknown, arising out of my presence, use of physical fitness equipment, or participation in training, programs, or events at The Fitness Center.

I expressly agree that this Assumption of the Risk, Waiver and Release Form is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania and that if any portion is held to be invalid, the balance shall remain in full force and effect. This Assumption of the Risk, Waiver and Release Form shall apply to my heirs, assigns, personal representatives, agents, and any other next of kin. I understand that The Fitness Center is relying on this Assumption of the Risk, Waiver and Release Form in granting my membership and/or admittance.

By my signature, I indicate that I have read and fully understand this Assumption of the Risk, Waiver and Release Form, that I am aware that this is a waiver and release of liability, and that I voluntarily agree to its terms.

Signature: _____ **Date:** _____
Signature of Witness (staff): _____ **Date:** _____

If under 18 years of age: I represent that I have the legal authority to execute this Release Form on behalf of the minor named herein.

Parent/Guardian Signature: _____ **Date:** _____

3 DAY PASS INFORMATION: (Return both pages of form to our front desk)

Name: _____

Address: _____

Phone: _____

Email: _____

I am interested in:

- Joining Gym (see rates at ohwfitness.com)
- Personal Training (see rates at drkatiechiro.com/personal-training)
- Chiropractic Care (drkatiechiro.com)
- Massage (drkatiechiro.com/massage)
- Registering for 10 Week Weight Loss Class (drkatiechiro.com/weightloss)
- Health Store (browse during our office hours or online: (drkatiechiro.com/onlinestore))

To use the 3 Day Pass:

Enter our chiropractic office door and check in at the front desk:

Let front desk know your name and that you are here on your free pass.

VISIT 1 Date: _____

VISIT 2 Date: _____

VISIT 3 Date: _____