



**COREWORKS INC.
AGREEMENT AND HEALTH INVENTORY**

• **Personal/Demographic Information**

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Doctor's Name: _____ Phone: _____

Emergency Contact/phone: _____

How did you hear about us? _____

• **Policy**

Coreworks upholds a 24 hour cancellation policy for all classes and personal training sessions. Missed sessions will be charged at the full rate unless arrangements are made for an alternate date at least 24 hours in advance.

• **Medical and Health History**

Please check off any of the following that apply to you:

- | | | |
|--|---|--|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Chest pains |
| <input type="checkbox"/> Bone problems | <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Fractures |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Lung Problems | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Recent Surgery | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Smoker | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chronic Illness |

Please provide details for any checked items above:

List any current prescription/non-prescription medications and what they are for:

_____	_____	_____
_____	_____	_____

• **Physical Activity Readiness Questionnaire**

Please answer all questions accurately and honestly.

- Yes No Are you pregnant? Or had a baby in the last 18 months?
- Yes No Do you exercise regularly (at least 20-30 minutes 3 days/week)?
- Yes No Has your doctor ever told you that you have any condition that has been aggravated by exercise, or might be made worse with exercise?
- Yes No Are you over age 65 and unaccustomed to vigorous exercise?
- Yes No Is there a physical reason why you **should not** follow any activity program even if you wanted to?
- Yes No Is there anything else you would like to bring to our attention?

• **Disclosure, Waiver, Indemnity, Release and Hold Harmless Agreement:**

I agree and acknowledge that Coreworks, Inc. is an exercise facility and that the activities involved in the use of the Coreworks facilities and its trainers are of a hazardous nature and involve risks of bodily injury and personal property damage including, but not limited to, accident, illness, injury and death. I understand that part of the risk involved in undertaking any fitness activity, program or training is relative to my own state of fitness or health (physical, mental, and emotional), and to the awareness, care, and skill in which I conduct myself in that activity, program or training. I fully acknowledge that physical activity including, but not limited to, stretching, walking, running, lifting, pushing, bending, endurance training, physical impact, jumping, twisting, training and the accompanying increased heart rate creates potential health risks, including, but not limited to, transient lightheadedness, faintness, abnormal blood pressure, chest discomfort, leg cramps, nausea, sprains, joint problems, fractures, lacerations, sport related injuries, heart attack, stroke, partial disability, permanent disability, incapacity and death. Notwithstanding these risks and potential health hazards, I hereby release and hold harmless Coreworks, Inc., its officers, agents, trainers, and employees from any and all liability arising out of or related to my use of the Coreworks, Inc. exercise facilities and my use of the expertise and advice of its employees and trainers.

I fully understand all of the risks involved in my use of the Coreworks facilities and its trainers and hereby assume the risk of my participation and use of the Coreworks facilities and its trainers which shall include my own behavior as well as the negligent behavior of Coreworks, Inc., its officers, agents, trainers, and employees arising out of or related to my use of the Coreworks, Inc. exercise facilities, equipment, bathrooms, showers, locker room and my

training program or training session. I fully understand that the use of a trainer or a training program will result in significant physical stress and that a trainer and training programs are designed and intended to test my endurance and physical fitness and will likely cause significant physical, mental and emotional stress. I hereby assume the risk of all physical programs and training sessions, including any negligence on behalf of my trainer or the designer of my fitness program. I understand that by executing this agreement I am waiving my right to sue Coreworks, Inc., its officers, agents, trainers, and employees for any reason whatsoever, including but not limited to potential liability that might arise out of the negligence or carelessness on the part of Coreworks, Inc., its officers, agents, trainers, and employees. Any parent executing this agreement on behalf of a minor accepts on behalf of the minor child the terms of this agreement, including the waiver of liability, indemnity and assumption of risk.

I hereby certify that I have had a complete physical within one year from my execution hereof and that I will continue to have yearly physicals while undergoing a fitness program with Coreworks, Inc. I have no medical, physical or mental health conditions which would hinder or prevent my active participation in any physical activity or training. I represent that I am in good health, physical condition and physical well being. Coreworks reserves the right to request medical clearance before you participate in vigorous exercise thus postponing any exercising or testing.

I understand that Coreworks, Inc., its officers, agents, employees and trainers are not doctors and are not qualified to assess my medical health or the impact of physical exercise or the impact any medications may have upon my health. I therefore assume the risk of any negligence or carelessness on behalf of Coreworks, Inc., its officers, agents, employees and trainers and agree to hold it/them harmless from any and all liability as a result of my use of the Coreworks facilities and training.

I hereby hold harmless and indemnify Coreworks, its officers, agents, trainers and employees from any and all claims and demands which the undersigned or any third person may have for injuries or losses arising directly or indirectly from my own assumption of risk and/or any negligent or careless behavior committed against me while using the Coreworks facilities, equipment and trainers. The terms of this indemnity and waiver will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members or anyone else who might wish to sue on my behalf, including but not limited to any insurance carrier. Further, both me or my estate hereby agree to indemnify and hold harmless Coreworks, Inc., its officers, agents, trainers and employees from any and all claims made as a result of my sickness, injury or death.

I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorders of heart rhythm, stroke, injury and very rare instances of heart attack or even death. I understand, and have been clearly advised, that it is my right to discontinue should I at any point experience any unusual discomfort or fatigue.

I declare that I have read and fully understand the nature of my risk in participating in the fitness activities and training that I will undertake as a member of Coreworks, Inc. I further certify that any questions that I have had have been answered to my satisfaction.

Notice of Consumer Rights

- ◆ Our business' registration number with the State's Consumer Protection Division is E3441.
- ◆ We are not required to carry a performance bond under the Maryland Health Club Services law because we do not accept more than three months' payment in advance or charge an initiation fee.
- ◆ If Coreworks, Inc. is closed for a month or more, you are entitled to your choice of either an extension of the Agreement or a prorated refund. If the closing is not the fault of the business, we are entitled to choose.
- ◆ You have the right to cancel this Agreement within three business days after signing this Agreement. Cancellation must be in writing and delivered in person or by certified or registered mail. If you cancel, you are entitled to a full refund of all monies paid.
- ◆ If you become disabled for at least three months during the membership term and the disability is confirmed in writing by a physician, you are entitled to an extension of this Agreement. Since we are exempt from the bonding requirement, we cannot collect payments during a member's disability extension so that we are not holding more than three months' payment in advance.

This notice is an integral part of the Agreement for membership.

Print Name

Date

Signature of Member

Signature of Parent
(On behalf of minor member)