



**Liability Waiver and Health History Questionnaire
Youth (17 and Younger)**

Child Name: _____ Date: _____ Member#: _____

Age: _____ DOB: _____ Phone #: _____ Male or Female

Emergency Contact: _____ Phone#: _____

Check all conditions that apply to you presently or in the past:

Asthma Epilepsy Kidney Disease Bloody Noses Cancer Seizures
 Diabetes Heart Problems Arthritis Chronic Bronchitis COPD/Emphysema

1. Are you presently on medication? Yes No
If so, please list the name and purpose of each:

2. Do you have any allergies? Yes No
If so, please list:

3. Do you have any orthopedic conditions, past injuries, or illnesses which may be aggravated by exercise? Yes No
If so, please explain:

Release of Liability Waiver:

I desire to engage voluntarily in an exercise program at Logan Health Medical Fitness. I understand the risks and state that my health warrants participation. I understand there is a risk of abnormal response during and following exercise. I understand that I am responsible for monitoring my own condition throughout exercise and agree to stop exercise and inform Logan Health Medical Fitness staff should unusual symptoms occur. I have read and agree to abide by all Logan Health Medical Fitness policies and procedures and the terms and conditions of Logan Health Medical Fitness registration and membership. I agree to hold harmless Logan Health Medical Fitness, their staff members, and their corporate ownership.

Parent Signature _____ Date _____