

Siga Funmaker Community Center

W17634 Radke Road
Wittenberg, WI 54499

Health History and Liability Release Form

All information entered in your medical history questionnaire will be kept confidential. It must be as accurate and up to date as possible. Please keep in mind that if you have more than three health issues; you will be required to fill out a *Physician Release Form* before being eligible to utilize the gymnasium and fitness room or participate in any class or exercise program at the Siga Funmaker Community Center – W17634 Radke Rd., Wittenberg, WI 54499.

Applicant Information

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY

STATE

ZIP CODE

PHONE: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

Check any that apply with date of occurrence

<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> SHORTNESS OF BREATH	<input type="checkbox"/> SHOULDER/NECK INJURY
<input type="checkbox"/> BACK INJURY:	<input type="checkbox"/> FOOT/ANKLE INJURY	<input type="checkbox"/> ARM/WRIST INJURY
<input type="checkbox"/> HEART DISEASE:	<input type="checkbox"/> HIGH CHOLESTEROL	<input type="checkbox"/> THIGH/KNEE INJURY
<input type="checkbox"/> DIZZINESS:	<input type="checkbox"/> IRREGULAR HEART BEAT	<input type="checkbox"/> OTHER
<input type="checkbox"/> HIP INJURY:	<input type="checkbox"/> CHEST PAIN/DISCOMFORT	<input type="checkbox"/>
<input type="checkbox"/> DIABETES:	<input type="checkbox"/> STROKE	<input type="checkbox"/>

Consent and Release Waiver

I understand that the American College of Sports Medicine recommends individuals to consult a physician before commencing in a fitness or exercise program. I realize that at any time one engages in physical activity there is an inherent risk as a result of my participation. I will not hold the Siga Funmaker Community Center liable should injury occur.

Signature: _____ Date: _____