STRETCHZONE®

STRETCH · WORK · PLAY · REPEAT

Stretch Zone® Waiver & Release Form

Please write clearly:

Name: _____ **Phone #:** _____

Email address: _____ **Birthdate:** _____

Address: _____

Is there any known reason why you should not participate in an exercise program? YES / NO

If yes, explain: _____

Have you started any new medications in the last 5 days? YES / NO

If yes, what medication? _____

Please list all medications: _____

Have you had and recent surgeries? (Past 10 years) YES / NO

If Yes, what type? _____ **When?** _____

Are you currently or recently in Physical Therapy/Rehabilitation? YES / NO

If yes, for what? _____ **When?** _____

Do you suffer from any of the following:

O Arthritis O Osteoporosis O Back Pain O Knee Pain O Rotator Cuff tears

If yes, Please explain _____

Have you ever had a knee or hip replacement?

If Yes, what type? _____ **When?** _____

Is there any other concern that the Stretch Zone should be aware of?

PLEASE READ, SIGN AND DATE THIS WAIVER

Many recreational activities and athletic programs involve substantial risks of bodily injury, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include but are not limited to: broken bones, strains, bruises, concussion, heart attack, and heat exhaustion.

Each participant in such activities should realize that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he/she has the prerequisite skills, qualifications, preparations, and training.

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The undersigned acknowledges that Stretch Zone®, Inc. does not warrant or guarantee in any respect the competency or mental or physical condition of individual participant in any athletic or recreational activity. All participants in voluntary recreational activities and athletic programs will be required to sign this Release, Waiver of Liability and Covenant Not to Sue.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary athletic or recreational activities.

I have received a copy of this Notice, which I have read and understand. I accept and assume all risks, hazards, and dangers involved in any such activities in which I may elect to participate voluntarily.

The undersigned hereby acknowledges that participation in Stretch Zone® program involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of Stretch Zone®, Inc. allowing the undersigned to participate in the Stretch Zone® voluntary programs and in connection therewith, making available to the undersigned for he/her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of Stretch Zone®, Inc. the undersigned to participate does hereby waive liability, release and forever discharge the and the Stretch Zone®, Inc., its members individually, and its officers, agents and employees of an from an and all claims, demands, rights and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my voluntary participation in or in any way connected with Stretch Zone®, Inc.

I further covenant and agree that for the consideration stated above I will not sue Stretch Zone®, Inc., its members individually, and its officers, agents and employees for any claim for damages arising or growing out of my voluntary participation in recreational programs or athletic activities.

I have received a copy of this document and that I have read the above carefully before signing.

Date _____

Print Name _____

Signature of Participant _____

Emergency Contact

Name: _____

Relation _____

Phone Number: _____

For Office Use only

Tech _____

PM _____