

Guest Registration

Name _____ Guest of _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact Name _____ Phone _____

Yes, I am interested in membership information. Please contact me by: Phone Mail Email

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| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you been diagnosed with a heart condition by your doctor and instructed to only do physical activity recommended by a doctor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or for a heart condition? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you feel pain in your chest when you do physical activity? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you know of any other reason why you should not do physical activity? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | In the past month, have you had chest pain when you were not doing physical activity? | If so, please list reason _____ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you lose your balance because of dizziness, or do you ever lose consciousness? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you at least 18 years old? Birth date: ____ / ____ / ____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have a bone or joint problem (for example, back, knee, or hip) that could be made worse by a change in physical activity? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is this your first visit to the center? |

ASSUMPTION OF RISK, WAIVER, RELEASE AND INDEMNIFICATION As a non-member, I acknowledge that while exercise is encouraged to promote both physical and mental health, my attendance at or use of Northwestern Medicine Crystal Lake Health & Fitness Center and Northwestern Medicine Huntley Health & Fitness Center ("NMCLHFC" and "NMHHFC"), including without limitation my participation in any of NMCLHFC and NMHHFC's programs or activities, NMCLHFC and NMHHFC's equipment and facilities, and any transportation which may be provided by NMCLHFC and NMHHFC, includes risk of injury and transmission of communicable diseases. I further acknowledge it is impossible to eliminate the risk of injury and the risk of transmission of communicable diseases, which may result from or arise out of my attendance at or the use of NMCLHFC and NMHHFC's facility or its equipment, activities, or transportation and I knowingly and voluntarily assume all risks of injury and communicable diseases associated with my participation. I acknowledge that I have the responsibility to help reduce the risk of injury and transmission of communicable diseases to myself while in attendance at or using NMCLHFC and NMHHFC's facility. I agree, on behalf of myself and my heirs, executors, administrators, and assigns, to fully and forever waive, indemnify, hold harmless, release and discharge Power Wellness and NMCLHFC and NMHHFC, their affiliates, their operators, and all of their respective officers, trustees, employees, agents, successors, and assigns, and each of them (collectively, the "Releases"), from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my attendance at or use of NMCLHFC and NMHHFC's facility or its equipment, activities or transportation. Further, I hereby agree or waive any and all such claims, damages, demands, rights of action or causes of action. In addition, I hereby agree to release and forever discharge the Releases from any and all liability for any loss or theft, or damage to personal property. Further, I hereby release and forever discharge and hold harmless Power Wellness and NMCLHFC and NMHHFC and their successors, assigns and third party agents from any and all liability, claims and demands of whatever kind of nature either in law or in equity, which may arise or hereafter arise. I acknowledge that I have carefully read this waiver and release and fully understand that it is a waiver and release of any and all liability. I hereby agree that this assumption of risk and release of liability agreement shall remain in full force and effect until I revoke it by giving written notice to NMCLHFC and NMHHFC, and that my revocation will only apply to events or circumstances occurring after the date of my revocation.

As a non-member, I attest that my answers to the physical activity readiness questions are truthful and I acknowledge that I have not provided additional information about my health or participated in a Health Assessment or received any instruction. I also acknowledge that I may choose to participate in individual exercise activity that is not supervised by facility staff. I agree that prior to participating in any exercise activity at the facility, I will affirmatively and personally seek training and/or instruction from facility staff to promote my safe participation in that activity and/or safe operation of any equipment at the facility which I choose to use.

Guest Signature _____ Date _____