



CAPITOL FITNESS CENTER

MEMBERSHIP APPLICATION

If you need help with this application, or with arranging fitness appointments or services, please call 404-657-2566.

| | | | |
|---------------------------------|-------------------------------------|-----------------|--|
| Name: _____ | | Gender: _____ | |
| Age: _____ | Birthdate: ____/____ (Month / Year) | | |
| Office Address: _____ | | Room #: _____ | |
| Office Phone: _____ | | Ext #: _____ | |
| Email address: _____ | | | |
| State Agency: _____ | | Division: _____ | |
| Personal Physician: _____ | | Phone: _____ | |
| Address: _____ | | Fax: _____ | |
| City: _____ | State: _____ | Zip: _____ | |
| Emergency Contact: _____ | | Phone: _____ | |
| Weight _____ lbs | Height _____ | BMI _____ | |
| Blood Pressure _____/_____ mmHg | Waist Circumference _____ inches | | |

As a condition of my membership, I agree to and understand the following:

- I understand that there is a risk of injury in all forms of physical exercise, and that all exercise and participation in the Capitol Fitness Center will be at my own risk.
- In particular, I understand that I might be injured using the Capitol Fitness Center. For example:

(1) I may have physical limitations or problems that make it unadvisable or dangerous to use the equipment in the Capitol Fitness Center, or to engage in exercise there. The only way to be sure is for me to consult with my personal physician before participating in any exercise, training, or related activities at the Capitol Fitness Center.

(2) Even if my personal physician says that I am fit enough to exercise at the Capitol Fitness Center, I know that it is possible to injure myself using the equipment or participating in exercise



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activities. For example, it is possible to fall off a treadmill, drop a weight on my foot, or pull a muscle by stretching too far or using the equipment improperly.

- I understand that neither the Georgia Department of Public Health, the Georgia Building Authority, the Capitol Fitness Center Management Team, nor their employees, agents, are able to tell if I have physical limitations or problems that make it unadvisable or dangerous to use the Capitol Fitness Center, that they cannot protect me from injury, and that it is my responsibility to do so.
- I agree that neither the Georgia Department of Public Health, the Georgia Building Authority, the Capitol Fitness Center Management Team, nor their employees, agents, shall be liable for any injury I might sustain using the Capitol Fitness Center.

Printed Name: _____

Signature: _____

Date: _____