

CAPITOL HILL FITNESS CENTER

MEMBERSHIP APPLICATION

If you need help with this application or with arranging fitness appointments or services, please call 404-232-1573 or email us at dph-capitolfitness@dph.ga.gov.

Name: _____		Gender: _____	
Age: _____	Birthdate: ____/____/____ (month/day/year)		
Home Address: _____		City/State/Zip: _____	
Home Phone: _____	Office Phone: _____	Ext #: _____	
Email address: _____			
State Agency: _____		Division: _____	
Personal Physician: _____		Phone: _____	
Emergency Contact: _____		Phone: _____	
For Office Use Only:			
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 Hill Fitness Center will be at my own risk.
- In particular, I understand that I might be injured using the Capitol Hill 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 Hill 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 Hill Fitness Center.
 - (2) Even if my personal physician says that I am fit enough to exercise at the Capitol Hill 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 Hill Fitness Center Management Team, nor their employees, agents, are able to tell if I have physical limitations or problems that make it inadvisable or dangerous to use the Capitol Hill 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 Hill Fitness Center Management Team, nor their employees, agents, shall be liable for any injury I might sustain using the Capitol Hill Fitness Center.
- I understand that the fitness center is not a part of my officially assigned duties and is voluntary participation that is not related to my employment status.

Printed Name: _____ Date: _____

Signature: _____