

Day Pass \_\_\_\_\_ Week Pass \_\_\_\_\_ Inpatient Family Pass \_\_\_\_\_

**Marvin Altman Fitness Center**  
**Visitor Consent Form**  
**PLEASE PRINT!!!**

Visitor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_ E-Mail \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
Name Phone

**Medical Questionnaire**

Please read the following questions and answer each by placing a check mark in either the "YES" or "NO" box.

- |   |         |        |
|---|---------|--------|
| 1. Has your physician stated you have heart trouble?    | Yes ___ | No ___ |
| 2. Do you frequently have pains in your heart or chest? | Yes ___ | No ___ |
| 3. Do you often feel faint or have severe dizziness?    | Yes ___ | No ___ |
| 4. Has a physician stated you have high blood pressure? | Yes ___ | No ___ |
| a. If yes, is it currently being treated?               | Yes ___ | No ___ |
| b. If yes, is it being controlled by a physician?       | Yes ___ | No ___ |
| 5. Are you currently pregnant?                          | Yes ___ | No ___ |

**Health Promotion Program**

I, \_\_\_\_\_, acknowledge that I am a participant at the Marvin Altman Fitness Center.

I have answered the Medical Questionnaire listed above to the best of my ability and knowledge. I realize my admission to the program and beneficial results depends on the accuracy of my answers.

I understand that I will be undergoing physical activities for the purpose of enhancing my emotional, mental and physical well being. Although the activities are designed to minimize injury, I understand that I could be injured by physical contact, strain or sprain, resulting in damage to bones, joints, ligaments or muscles. I also understand that I could sustain damage to my heart or respiratory system, which could result in injury or death.

Should any such injury, damage or death occur, I will not hold Marvin Altman Fitness Center or Sparks Health System responsible or liable.

I also understand that Marvin Altman Fitness Center and Sparks Health System are not responsible for lost or stolen property. With such understanding, I consent to participate at Marvin Altman Fitness Center.

Visitor's Signature \_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_  
Staff Signature \_\_\_\_\_