

Pound for Pound Challenge Registration Form

Date _____ Name you would like to be called _____

NAME _____ Date of Birth: _____

Address _____ Phone: cell # _____

_____ Home # _____

Email: _____ Work # _____

Emergency Contact: _____ Relationship: _____

Cell # _____ Home# _____ Work# _____

Primary Care Physician: _____ **Date of Last Exam:** _____

Medical History:

<input type="checkbox"/>	Currently Pregnant	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Cancer: _____
<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Arthritis: _____
<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Surgery: _____
<input type="checkbox"/>	Pacemaker	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Allergies: _____
<input type="checkbox"/>	Angina	<input type="checkbox"/>	Migraines	<input type="checkbox"/>	Other: _____

Medications you are taking: _____

Please check the box if you have ever experienced any of the following conditions:

<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	Neck or back pain/injury	<input type="checkbox"/>	_____
<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	Hip, knee or foot injury	<input type="checkbox"/>	_____
<input type="checkbox"/>	Chest pain	<input type="checkbox"/>	Shoulder, arm, hand inj.	<input type="checkbox"/>	_____
<input type="checkbox"/>	Irregular heart rate	<input type="checkbox"/>	History of falling	<input type="checkbox"/>	_____
<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Numbness in feet/hands	<input type="checkbox"/>	Other: _____

Please read and sign other side:

Fitness Membership / Exercise Class

Waiver and Release of Liability

In consideration of my fitness membership, participation in an exercise class and/or use Advanced Physical Therapy Center of Stamford, LLC ("APTC") facilities, property and equipment, **I hereby release and covenant not to sue APTC, its owners, its employees, instructors, agents, leaseholders or building property owners from any and all present and future claims resulting from ordinary negligence on the part of APTC or others listed** for loss, damage, or theft of personal property, personal injury, or death, arising as a result of using the facilities and equipment of APTC and engaging in any APTC activities or any activities incidental thereto, wherever, whenever, or how ever the same may occur. **I hereby voluntarily waive any and all claims resulting from ordinary negligence**, both present and future, that may be made by me, my family, my estate, heirs, or assigns.

Further I am aware that health, fitness and exercise activities may range from vigorous cardiovascular activity (i.e., aerobics, bicycles, steppers, treadmills, upper body ergometers, outdoor activities) to the strenuous exertion of strength training (i.e. body weight, free weights, resistive bands, weight machines). I understand that these and other physical activities at APTC involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, and injury to bones, joints, or muscles.

I attest that I am in sound physical and mental health and have NO RESTRICTIONS from participation in a fitness or exercise class. I am voluntarily participating in health, fitness and exercise activities with knowledge of dangers involved and hereby agree to accept any and all inherent risks of property damages, personal injury, or death.

I further agree to indemnify and hold harmless APTC and others listed for any and all claims arising as a result of my engaging in health, fitness and exercise activities or any activities incidental thereto, wherever, whenever, or however the same occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Connecticut and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effects.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up my legal rights and/or remedies that may be available to me for the ordinary negligence of APTC or any parties listed above.

Printed Name of Participant: _____ Age: _____

Signature of Participant: _____ Date: _____

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Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____