

MORRIS

Cardiovascular and Risk Reduction Center
WAIVER AND RELEASE FROM LIABILITY

In consideration of my participation in a Morris Cardio fitness class, and for other good and valuable consideration, the receipt of which is hereby acknowledged, I voluntarily assume the risk of any injury, loss, and any other adverse health consequence. I, for myself, my heirs, executors, administrators, and assignees, hereby waive any and all claims, liabilities, or demands of any kind arising from any injury, loss, or other adverse health consequence, including death, related to my participation in fitness or health-promotion activities, and agree to release Morris Cardiovascular and Risk Reduction Center, PC, and its officers, directors, shareholders, employees, and contractors from any and all such claims, liabilities, or demands.

I affirm that I have read, understand, and agree to the terms set forth above, and I wish to participate in the Morris Cardiovascular and Risk Reduction Center fitness classes.

Printed Name of Participant

Signature of Participant

Date

Printed name of Parent/Guardian if under age 18

Date

Parent/Guardian signature if under age 18

Date

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I have these medical conditions/ injuries/ limitations:

EMERGENCY CONTACT:

Name: _____

Relation: _____

Phone: C _____ H _____



I, _____, acknowledge that effective June 20TH of 2016, Morris Cardiovascular and Risk Reduction Center is implementing a 24-Hour Cancellation Notice for all classes. If I do not provide 24-hour Cancellation Notice to the appropriate Morris Cardio staff my account will reflect that sessions deduction from my remaining sessions.

Printed Name of Participant

Signature of Participant *Date*

Printed name of Parent/Guardian if under age 18 *Date*

Parent/Guardian signature if under age 18 *Date*

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PRE-SCREENING QUESTIONNAIRE

PERSONAL INFORMATION

Name: _____ Date: _____

Phone: _____ H/W/C (primary)
_____ H/W/C (secondary)

Text okay? YES NO

Email: _____

Address: _____

Is our location convenient for you? _____

Height: _____ Weight: _____ DOB: _____ Age: _____ Sex: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ H/W/C
_____ H/W/C

Are you currently a patient of Dr. Morris? _____

How did you hear about us? _____

PERSONAL PROFILE

Primary health goal:

Obstacles:

Current/previous (circle one) physical activity routine:

If not currently physically active, how long ago were you active?

How long have you been thinking about joining a fitness/health program?

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Has there been any significant change to your health/weight in the past 6 months?	Y/N	Comments:
Has a Doctor ever indicated that you have heart disease or heart trouble?	Y/N	Are you cleared for physical activity?
In the past month, have you had chest pain when you were not performing any physical activity?	Y/N	Comments:
Do you have pain in your chest with physical activity?	Y/N	Comments:
Do you lose your balance because of dizziness while at rest or while performing physical activity?	Y/N	Comments:
Do you ever lose consciousness while at rest or while performing physical activity?	Y/N	Comments:
Do you have any bone or joint problems that could be made worse by a change in your physical activity?	Y/N	Comments:
Do you have any past surgeries we should be aware of?	Y/N	Please List:
Do you have Asthma?	Y/N	Treatment needed in the case of emergency:
Do you have Diabetes?	Y/N	Controlling your diabetes with medication?
Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?	Y/N	Please list:
Are you currently on a medical profile exempting you from physical activity?	Y/N	Comments:
Are you currently under the instructions or care of a Health Professional?	Y/N	Provider Name: Phone #: Comments:
Do you know of ANY other reason why you should not engage in physical activity?	Y/N	Comments:

The above information I have provided is true and correct and I will notify appropriate staff members of Morris Cardiovascular of any changes to my health, which may affect my physical performance and safety while at the Morris Cardiovascular and Risk Reduction Center.

Printed Name: _____ Date: _____
 Signature: _____ Witness: _____