



HEALTH HISTORY INFORMATION

Personal Information

Date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____
E-Mail: _____
Age: _____ Sex: _____ Weight: _____ Ideal Weight: _____
Emergency Contact: _____

Please complete in as much detail as possible:

Date	Description
------	-------------

Surgery(ies): _____

Name/Brand	Dosage	Comments
------------	--------	----------

Supplements/
Medications: _____

Comments

Pain: _____

Legacy Sport & Wellness Center
Waiver, Release of Liability & Indemnity Agreement

I, the undersigned, acknowledge the inherent risks involved when participating in any wellness program and/or using any type of fitness equipment in the Legacy Sport & Wellness Center, and in all other sports and training sessions relating therein. Accordingly, as consideration in exchange for being allowed to participate in activities at Legacy Sport & Wellness Center, I agree to the following:

1. I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, which may include permanent disability and even death, and severe social and economic losses which might result not only from my actions, but also from the action, inaction, or negligence of others, the rules of play, or the condition of the premises, or any equipment used, and further that there may be risks not known to me or not reasonably foreseeable. I expressly assume all risks of injury, including death, which may occur in connection with my participation in activities at Legacy Sport & Wellness Center.
2. I agree that prior to participating in any activity at Legacy Sport & Wellness Center, I will inspect all equipment to be used, and if, through my inspection, I determine that anything related to that activity is unsafe, I will immediately advise the staff of Legacy Sport & Wellness Center of this unsafe condition and will not participate until this condition is corrected.
3. I agree to assume all the foregoing risks and accept full responsibility for my own damages following such injury, permanent disability, or death.
4. I release, waive, discharge, and agree not to sue Legacy Sport & Wellness Center, its parent company and any subsidiaries and all its respective agents, affiliates, associates, officers, directors, owners and employees (collectively "Releasees") from demands, losses, or damages on account of any bodily injury, death or property damage caused or alleged to be caused in whole or in part by Releasees or any other party's actions, inactions, or otherwise. I also agree to indemnify Releasees from any and all third party claims caused in whole or in part by my actions.
5. I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to me as Legacy Sport & Wellness Center may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency.
6. I expressly agree that the terms of releases and indemnity contained herein are intended to be as broad and inclusive as is permitted by the laws of the State of Texas. Any provision or portion of this Waiver, Release, and Indemnity Agreement found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The offending provision or portion shall be construed to the maximum extent possible to confer upon the parties the benefits intended thereby. Said provision or portion, as well as the remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein.

I have read the above Waiver, Release, and Indemnity Agreement and understand that by signing below, I have given up substantial rights.

Name (Printed)	Date	Signature
----------------	------	-----------

Parental Consent, (for participants under the age of 18) I, the undersigned parent or legal guardian of the child shown below, have read the above Waiver, Release, and Indemnity Agreement and agree to its terms on behalf of my child and myself. I understand that by signing below, I am giving up substantial rights on behalf of my child and myself.

Child's Name (Printed)	Date	Parent/Legal Guardian's Signature
------------------------	------	-----------------------------------