

# SPANISH FORT SENIOR CENTER

## HEALTH QUESTIONNAIRE

### General Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Nighttime Phone# :(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_

Physician: \_\_\_\_\_

**PHYSICIAN RELEASE REQUIRED: The Spanish Fort Senior Center requires a release from your physician stating that you are able to safely use the fitness room and/or participate in fitness classes or in an independent exercise program before you engage in any exercise at this facility.**

### Please check if you have, have a history of, or experience any of the following:

\_\_\_ High Blood Pressure

\_\_\_ Joint Problems

\_\_\_ High Cholesterol

\_\_\_ Musculoskeletal Disorders

\_\_\_ Low Blood Pressure

\_\_\_ Epilepsy

\_\_\_ Arthritis

\_\_\_ Thyroid Problem

\_\_\_ Osteoporosis

\_\_\_ Asthma

\_\_\_ Heart Disease

\_\_\_ Pacemaker

\_\_\_ Heart Attack

\_\_\_ Dizziness/ Fainting

\_\_\_ Heart Surgery

\_\_\_ Unusual Shortness of Breath

\_\_\_ Heart Failure

\_\_\_ Chest Discomfort with Exertion

\_\_\_ Coronary Angioplasty

\_\_\_ Diabetes

\_\_\_ Angina (chest pain)

\_\_\_ Emboli (blood clot)

\_\_\_ ICD (internal cardiac defibrillator)

\_\_\_ Cancer

\_\_\_ Leg Burning/Cramping with walking

\_\_\_ Stroke

\_\_\_ Recent Hospitalization/Surgeries

\_\_\_ Allergies: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

Please explain any "checked" answers (use additional pages if necessary to provide complete information):

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Please list all medications that you are currently taking: \_\_\_\_\_

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**ACKNOWLEDGEMENT, HOLD HARMLESS, WAIVER AND RELEASE:**

I acknowledge, represent and certify that the information that I have provided is true and accurate to the best of my knowledge. If any of the above information changes, I agree to submit the changes in writing to the Spanish Fort Senior Center so that the information can be updated in my file.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## SPANISH FORT SENIOR CENTER RULES OF CONDUCT

The following Rules of Conduct have been adopted by the City Council of the City of Spanish Fort for the Spanish Fort Senior Center ("SFSC"):

1. All users of SFSC must complete and sign the Participant Information Form; the Rules of Conduct Form; Release, Hold Harmless and Covenant Not to Sue Agreement and have a Release Form signed by their physician stating they are able to safely use the fitness area and equipment.
2. All persons using the facility or grounds are expected to follow all SFSC policies and procedures and to conduct themselves appropriately. Physical, sexual or verbal harassment or obscene conduct or threatening language or behavior are prohibited.
3. The SFSC is a smoke, drug and alcohol free facility. This also includes the grounds. The possession or sale of any illegal drugs or drug paraphernalia will lead to prosecution to the fullest extent of the law and suspension of all member privileges.
4. Appropriate shoes and attire are required. Open-toed shoes/sandals are not permitted in the exercise areas.
5. The SFSC is not responsible for any items stolen or broken in the facility or on the grounds. Please secure your personal belongings in a safe manner while in the facility.
6. The SFSC staff shall enforce the Rules of Conduct and SFSC policies. Violations of SFSC policies or Rules of Conduct may lead to disciplinary action up to and including the suspension or expulsion of a member or participant.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE, HOLD HARMLESS AND  
COVENANT NOT TO SUE AGREEMENT**

In consideration of the City of Spanish Fort, Alabama, in conjunction with and by and through the Spanish Fort Senior Center (hereinafter referred to individually and collectively as the "City"), allowing me to use its or their facilities and equipment, I, on behalf of myself, and my heirs, personal representatives and assigns, hereby forever **RELEASE, AGREE TO HOLD HARMLESS, AND DISCHARGE FOREVER** the City and its affiliated entities and departments and all of their respective Councilmembers, Mayor, directors, officers, agents, representatives, subcontractors, instructors and employees (all of the foregoing hereinafter referred to collectively as "Releasees") and their respective heirs, successors and assigns of and from any and all claims, demands, damages, rights and causes of action, resulting in, from or related to personal injuries, death, damage to property, and the consequences thereof occurring at any time now or in the future, including, without limitation, those caused in whole or in part by the active or passive negligence of any of the said Releasees, resulting from, or in any way relating to, my participation in exercise activities and/or my presence at the Spanish Fort Senior Center, the Spanish Fort Community Center and the City owned facilities related thereto, whether or not I am actually participating in exercise activities at the time of any such claims, damages, personal injuries, death, or damage to property, and I hereby **COVENANT NOT TO SUE** the said Releasees or their respective successors and assigns for any of said damages, personal injuries, death, or damage to property, including, but not limited to, personal injuries, death, or damage to property arising from the active or passive negligence by any of the said Releasees.

The undersigned assumes all risks and hazards involved in participating in any activities at the Spanish Fort Senior Center, the Spanish Fort Community Center and the City owned facilities related thereto, and represents: (a) that I am in satisfactory physical condition and have no disability, illness, or other condition that would prevent me from exercising without undue risk of injury or impairment of health, and (b) that, if necessary, I have consulted a physician concerning an exercise program that will not unduly risk injury to me or impairment of my health.

The undersigned has read this **RELEASE, HOLD HARMLESS AND COVENANT NOT TO SUE AGREEMENT** and agrees that it is intended to be as broad and inclusive as is permitted by the law of the State of Alabama, and that, if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect, and agrees that no oral representations, statements or inducements apart from the foregoing written AGREEMENT have been made. This AGREEMENT shall survive the expiration or termination of my participation at the Spanish Fort Senior Center.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public, in and for said County in said State, hereby certify that \_\_\_\_\_, whose name is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day that, being informed of the contents of the conveyance, he/she executed the same voluntarily on the day the same bears date.

Given under my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 202\_.

Notary Public, \_\_\_\_\_ County,

\_\_\_\_\_

My Commission Expires:

**SPANISH FORT SENIOR COMMUNITY CENTER**

**PARTICIPANT INFORMATION**

Last Name:		First Name:
Current Address:		
City:	State:	ZIP Code:
Home #:	Cell#:	Work#:
Date of Birth:	E-Mail:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Do you live in Spanish Fort City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMERGENCY CONTACT (RELATIVE)**

Name of Relative:		
Relationship:		
Address:		
City:	State:	Zip Code:
Home#:	Cell#:	Work#:

**LOCAL EMERGENCY CONTACT**

Name:		
Relationship:		
Address:		
City:	State:	ZIP Code:
Home#:	Cell#:	Work#:

**SPOUSE INFORMATION**

Last Name:	First Name:	Date of Birth:
Cell #:	E-Mail:	

**\*\*\*IMPORTANT NOTICE\*\*\***

**A RELEASE SIGNED BY A PHYSICIAN IS REQUIRED**

**TO PARTICIPATE IN THE FITNESS ROOM AND/OR FITNESS CLASSES**

I understand that I will exercise at my own risk and must have a release form signed by my physician stating that I am able to safely use the fitness room and/or participate in fitness classes.

Signature of Participant:	Date:
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**OFFICE USE ONLY: FITNESS ROOM/EXERCISE CLASSES**

Physician Release Form Date:	Rules of Conduct Form Date:
Physician Name:	Release Form Date:
Physician Phone #:	Membership #:
	Employee Signature: