

HackensackUMC Fitness & Wellness Powered by the Giants

Consent & Waiver Form

Name: _____ Age: _____ DOB: _____

Address: _____ City/State/Zip: _____

Cell Phone #: _____ E-Mail: _____

Currently Exercising? Yes or No How did you hear about the event? _____

Yes No Medical Questionnaire

1. Has your doctor ever said you have a heart condition?
2. Are you a diabetic?
3. Have you ever had any pain, discomfort, or pounding in your chest with or without activity?
4. Do you ever have occasions when you feel faint, dizzy or lose your balance?
5. Do you have a bone or joint problem that could be aggravated or made worse by exercise?
6. Are you currently taking any prescription medications for your heart, lungs, blood pressure, diabetes, kidney or thyroid?
7. Are you over the age of 65 and not accustomed to exercising at a moderate or greater level of activity?
8. Do you know of any other reason why you should not do physical activity?

Guest Agreement/Waiver

1. The Undersigned guest agrees to abide by the rules of Hackensack University Medical Center, the New York Football Giants, Inc., Fitness and Wellness of Hackensack, LLC d/b/a HackensackUMC Fitness & Wellness Powered by the Giants, and all owners, partners, directors, trustees, officials, members, officers, employees, agents, insurers, invitees, servants, personal representatives, parents, subsidiaries, affiliates, successors and assigns of any of the foregoing parties (hereinafter collectively and individually referred to as "Releasees"), including the completion of the above medical questionnaire.
2. The undersigned guest agrees that all use of the HackensackUMC Fitness & Wellness Powered by the Giants facilities, services, and programs shall be undertaken at his/her sole risk and Releasees shall not be liable for any injuries, accidents, or deaths occurring to guest, arising either directly or indirectly out of utilizing HackensackUMC Fitness & Wellness Powered by the Giants' facilities, services, and programs.
3. The guest, for himself/herself and on behalf of his/her executors, administrators, heirs, and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue Releasees for all such claims, demands, injuries, damages or causes of action, with respect to the use of HackensackUMC Fitness & Wellness Powered by the Giants facilities, programs, and services.
4. The undersigned guest declares that they have completed the medical questionnaire above as required by Releasees and they declare they are physically able to participate in physical activity. If HackensackUMC Fitness & Wellness Powered by the Giants has advised guest to obtain a medical clearance in the event they answer "yes" to any of the medical history questions above, or if they are unsure of their physical health, Releasees reserve the right to deny the guest physical use of the facility.

General Publicity Consent

Furthermore, I give permission to use my name and likeness for any promotional use without compensation. I certify that I am of legal age to contract or that my legal guardian has read, signed and agreed to this Release.

I warrant and represent that I am 18 years of age or older, and understand that no person under the age of 18 is permitted to participate in the event unless the parent/guardian portion of this Consent/Release (below) is completed and signed by a parent or guardian.

___ Yes, I agree to the Publicity Consent ___ No, I do not agree to the Publicity Consent

Guest Signature: _____	Date: _____
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If Participant is under 18 years of age, the parent(s) or guardian(s) must execute in addition to the above, the following waiver:

The undersigned, _____, referred to as the parent and natural guardian or legal guardian of _____, does hereby represent that he/she is, in fact, acting in such capacity and agrees to indemnify, save and hold harmless each and all of the parties herein referred to above as Releasees from all loss, injury, liability, damage, cost or claim whatsoever that may be imposed upon said Releasees because of any defect in or lack of such capacity to so act and release said Releasees on behalf of the undersigned.

Signed: _____ Relationship to

Minor: _____

Permission to respond to minor (for all children under the age of 18)

In case of an emergency or incident, I (parent/guardian's name) _____ give permission to the staff of HackensackUMC Fitness & Wellness Powered by the Giants to evaluate, respond to and notify the Emergency Medical Services (EMS) if needed for (child's name) _____, until such time as a parent can be notified and/or arrive at the scene.

Child's Name: _____ Child's Age: _____ Gender: Male / Female

Any Food Allergies: Yes / No If Yes, List: _____

Emergency Contact: _____ Emer. Contact#: _____

Parent/Guardian Signature: _____ Printed Name: _____

For additional children:

Permission to respond to minor (for all children under the age of 18)

In case of an emergency or incident, I (parent/guardian's name) _____ give permission to the staff of HackensackUMC Fitness & Wellness Powered by the Giants to evaluate, respond to and notify the Emergency Medical Services (EMS) if needed for (child's name) _____, until such time as a parent can be notified and/or arrive at the scene.

Child's Name: _____ Child's Age: _____ Gender: Male / Female

Any Food Allergies: Yes / No If Yes, List: _____

Emergency Contact: _____ Emer. Contact#: _____

Parent/Guardian Signature: _____ Printed Name: _____

Permission to respond to minor (for all children under the age of 18)

In case of an emergency or incident, I (parent/guardian's name) _____ give permission to the staff of HackensackUMC Fitness & Wellness Powered by the Giants to evaluate, respond to and notify the Emergency Medical Services (EMS) if needed for (child's name) _____, until such time as a parent can be notified and/or arrive at the scene.

Child's Name: _____ Child's Age: _____ Gender: Male / Female

Any Food Allergies: Yes / No If Yes, List: _____

Emergency Contact: _____ Emer. Contact#: _____

Parent/Guardian Signature: _____ Printed Name: _____

Permission to respond to minor (for all children under the age of 18)

In case of an emergency or incident, I (parent/guardian's name) _____ give permission to the staff of HackensackUMC Fitness & Wellness Powered by the Giants to evaluate, respond to and notify the Emergency Medical Services (EMS) if needed for (child's name) _____, until such time as a parent can be notified and/or arrive at the scene.

Child's Name: _____ Child's Age: _____ Gender: Male / Female

Any Food Allergies: Yes / No If Yes, List: _____

Emergency Contact: _____ Emer. Contact#: _____

Parent/Guardian Signature: _____ Printed Name: _____