



## Medical Release Form

Serving ten convenient locations:  
Charlotte Avenue, Chester, Clover, Fort Mill, Gold Hill, Lake Wylie,  
Rock Hill Aquatics Center, YMCA at Carolina Crossing,  
YMCA Wellness Center, and York

Please read the questions below carefully and answer each one honestly. If you are between the ages of 10 and 70, this questionnaire will tell you if you should check with your doctor before you begin physical activity. If you are 70 years of age or older and you are not currently active, please consult your doctor before starting an exercise program.

- | YES | NO  |  |
|-----|-----|--|
| ___ | ___ | (1) Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| ___ | ___ | (2) Do you feel pain in your chest when you do physical activity?  |
| ___ | ___ | (3) In the past month, have you had chest pain when you were not doing physical activity?  |
| ___ | ___ | (4) Do you lose your balance because of dizziness or do you ever lose consciousness?   |
| ___ | ___ | (5) Do you have a bone or joint problem that could be made worse by a change in your physical activity?                              |
| ___ | ___ | (6) Is your doctor currently prescribing drugs (ie, water pills) for your blood pressure or heart condition?                         |
| ___ | ___ | (7) Do you know of any other reasons why you should not participate in physical activity? If so, please explain: _____               |

If you checked yes to any of the above questions, please consult a YMCA staff member about options available to meet your needs.

*I have read, completed, and understand this questionnaire. Any questions I had were answered to my full satisfaction.*

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

Signature of Parent or Guardian (if under 18) \_\_\_\_\_

YMCA Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Trinexum ID # \_\_\_\_\_





## Assumption of Risk and Release

It is agreed and understood that all activities, exercise, use of equipment and facilities shall be undertaken by the members at their sole risk, and center shall not be liable for any claims, demands, injuries, damages, actions, or causes of action which arise wholly or partially due to the negligence of the organization which owns the center and any services which are affiliated with the center. It is understood and expressly agreed that this release of liability does also apply to all persons receiving memberships as the result of couple, family membership, or corporate affiliation agreement. Persons signing this contract are acting on behalf of and/or guardian or parent of all persons included under the family or couple membership contract. In addition, it is understood and expressly agreed that this release of liability does also apply to all persons receiving membership as a result of a corporate membership contract.

Members forever expressly release, indemnify, and hold harmless the Upper Palmetto YMCA and their respective agents, servants, and employees for any liability whatsoever. All members are encouraged to have a physical examination by a doctor prior to beginning any programs of strenuous new activity. Upon application for membership, members affirm that their state of health permits them to participate in Upper Palmetto YMCA activities. Member agrees to abide by all rules and regulations, to use good personal healthy judgments, and to practice safety skills at all times while on YMCA property.

**WARNING: If you have a history of heart disease or disease subject to aggravation by exercise, you should contact a physician before purchasing a membership and joining the Upper Palmetto YMCA.**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

YMCA Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

