

Parkview Baptist Church Circuit Exercise Registration

For your benefit and safety, we require a completed form prior to use of the circuit equipment and any other exercise opportunities at this site. Thank You!

Name: _____
(first, last, & middle initial):

Mailing Address: _____

Primary/Preferred Phone: _____

E-Mail Address: _____

Date of Birth (Month, Day, Year): _____

Emergency Contact Name: _____

Contact Number: _____

Relationship: _____

Does your physician encourage physical exercise for you? Yes _____ No _____

Do you have any presenting health issues? Yes _____ No _____

If "Yes" please list: _____

Agreement and release of liability:

In consideration of the opportunity to exercise here, I acknowledge that this circuit equipment is manned by volunteers who are not medical professionals, and that proper instructions for equipment use are posted. I release Parkview Baptist Church, Lake City, FL, the church staff, and church volunteers of any liability for any injuries, loss, damage or death from my participation here.

Initials: _____

I declare myself physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would be adversely affected by my participation here.

Initials: _____

I further agree to expressly assume and accept any responsibility for myself or others who suffer injuries, loss, damage or death due to my conduct, omissions, or negligence while participating here.

Initials: _____

Date: _____ Signature (if legal age): _____

Signature (if minor): _____

Signature of parent or
legal guardian (if minor): _____

"Be strong in the Lord and the power of his might." Ephesians 6:10