



SHAH & ANCHOR KUTCHHI ENGINEERING COLLEGE

Chembur, Mumbai-400 088

HEALTH & FITNESS FORM

Smart Card No :.....

HEALTH & SAFETY AGREEMENT

FULL NAME :..... M/F Age :

Residential Address :

Permanent Address :

Telephone :..... Cell no. : Email ID.....

Emergency Contact:

Name :..... Tele No. :

CURRENT HEALTH STATUS

You are informed that there are inherent risks during exercise, such as, abnormal blood pressure, possible heart-rhythm disorders or fainting and in rare cases, heart attack or stroke. For certain health conditions your doctor's consent may be required prior to commencing a fitness programme.

For your own safety, please complete the following questions regarding your current health status. (tick appropriate column):

SR. NO	QUESTIONS	YES	NO
1	Have you ever suffered from heart disease ? Or do you frequently have pain in the chest?		
2	Do you suffer from high blood pressure?		
3	Are you troubled by joint pains, severe back pains, or arthritis?		
4	Are you recovering from any illness or operation?		
5	Are you taking any medication that may affect you during exercise?		
6	Are you asthmatic, diabetic or epileptic?		
7	Do you have any other condition or complaint that could be affected by participation in an exercise programme? (If so, please state)		

SAFETY AGREEMENT

My health responses are an accurate reflection of my current health status. If there are any changes to my health status, I agree to inform the staff in writing, so that my programme can be amended accordingly.

I acknowledge that there are inherent risk in taking physical exercise and declare that I know of no medical reason why I should not be able to complete the fitness checks, or any subsequent exercise programme prepared for me.

I understand that I take part in these checks and subsequent exercise programme at my own risk & agree to waive any legal recourse, for damages to myself, arising from my participation. In case, I suffer any accident, injury or fatality while using the gym facility, the instructors, the gym managing company, my employers or the Company / Society providing the gym facility will not be liable for the same in any way whatsoever. I hereby release the aforementioned parties from any liability in case of any accident, injury, damages or fatality suffered by me.

I also agree to follow any verbal instruction given by the fitness staff and to observe any written notices regarding safety whilst using the fitness centre.

I have read and understood the above and agree with the terms as above.

Name:

Signature: Date:

Staff Witness Name:

Staff Signature;

Date:

Staff Comments (If any):

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