



# GUEST REGISTRATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Sex: Male  Female

EMERGENCY CONTACT \_\_\_\_\_ Phone \_\_\_\_\_

## RISK FACTOR ANALYSIS

**Do you currently have:** **Yes**

EMPHYSEMA/ASTHMA

ANGINA (Chest Pain)

CORONARY ARTERY DISEASE

HYPERTENSION

DIABETES

Are you currently taking any medications? (List)

Are you allergic to any medications? (List)

Do you have any other medical problems?

## RELEASE OF LIABILITY

I hereby waive and release, for myself and my heirs, any and all rights of claims I may ever have against INTEGRIS Baptist Medical Center (the "Hospital"), of INTEGRIS Health Systems, the Medical and Dental staff of the Hospital, and any affiliates or subdivisions of the Hospital, including without limitation to INTEGRIS Health Systems and PACER Fitness Center, and each of their respective agents, employees, servants, officers, directors, and representatives, for injury or illness arising out of or in any way connected with my use of the facilities of PACER Fitness Center. I further agree to indemnify and hold harmless each of said persons from or against all liability for my loss, cost, injury, or damage to said persons or property which may arise by virtue of my use of the facilities of PACER Fitness Center.

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

Staff Initials \_\_\_\_\_