



**COUNTRY CLUB**  
PORT DE PLAISANCE  
SINT MAARTEN

<b>Name:</b>	FIRST NAME SURNAME	D.O.B MALE/FEMALE
<b>Email:</b>		
<b>Address:</b>	STREET NO. STREET NAME SUBURB	STATE POSTCODE
<b>Phone:</b>	HOME WORK	MOBILE
<b>Misc:</b>	OCCUPATION	EMPLOYER
<b>Referred By:</b>	NAME	

**How would you describe your current physical condition? (Circle)**

\*Unwell    \*Overweight    \*Unfit    \*Healthy    \*Fit

**Have you ever had OR do you have?**

- \*Stroke..... N / Y
- \*Heart Condition..... N / Y
- \*Diabetes..... N / Y
- \*Epilepsy..... N / Y
- \*Heart murmur..... N / Y
- \*Dizziness..... N / Y
- \*Fainting..... N / Y
- \*Palpitations or pain in the chest..... N / Y
- \*High blood pressure <140/90..... N / Y
- \*Low blood pressure..... N / Y

**Are you, OR have you recently had or done any of the following?**

- \*Prescribed medication..... N / Y
- \*Are you pregnant? ..... N / Y
- \*Given birth in the last 6 weeks?..... N / Y
- \*Dieting or fasting? ..... N / Y
- \*Have you been hospitalized recently?..... N / Y

**\*\*Please Note:** If you have circled **YES** to any of the above OR you are **NOT SURE** – We will recommend that you see a Doctor prior to beginning an exercise program.

**Do you experience any pain OR major injuries particularly in the following areas?**

- \*Neck..... N / Y
- \*Knees..... N / Y
- \*Back..... N / Y
- \*Ankles..... N / Y
- \*Have you had any major surgery?..... N / Y

(What/When?) \_\_\_\_\_

**Please read the following exercise advise carefully.**



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\*Ask trained staff members to guide you into the most suitable group class or exercise program (especially when just beginning)

\*Work as low level on your first few visits & concentrate on learning correct techniques.

\*Be sure to limit yourself to a pace where you can still talk comfortably

\*If you suffer any injury, illness or condition in the future, please tell us, fill in another form.

**Statement:** I recognize that the instructor is not able to provide me with medical advise with regards to my medical fitness & that this information is used as a guideline to the limitations of my ability to exercise. I have answered the questions to the best of my ability & understand the advise above.

SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**ACKNOWLEDGEMENT RELEASE AND ASSUMPTION OF RISK**

WARNING – THIS IS AN IMPORTATNT DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS AND OBLIGATIONS. READ IT CAREFULLY AND DO NOT SIGN IT UNLESS YOU ARE SATISFIED THAT YOU UNDERSTAND IT. IF YOU HAVE ANY QUESTIONS PLEASE ASK OUR REPRESENTATIVE.

**FITNESS OPERATOR: THE COUNTRY CLUB AT PORT DE PLAISANCE**

**ACKNOWLEDGEMENT OF RISKS, INJURY AND OBLIGATIONS**

I ACKNOWLEDGE that the activity I am to undertake is a dangerous activity and that by participating in it I am exposed to certain risks.

I ACKNOWLEDGE AND UNDERSTAND that whilst participating in such activity:

I assume the risk and responsibility for any injury, death or property damage resulting from my participation in the activity.

**RELEASE AND INDEMNITY TO THE FITNESS OPERATOR**

IN CONSIDERATION of the acceptance of my payment for participating in the activity (and except to the extent that the same may be precluded by statute) I AGREE TO RELEASE AND INDEMNIFY The Country Club at Port de Plaisance an affiliate company of MMC M.V as follows:

I participate in the activity at my sole risk and responsibility

I release, indemnify and hold harmless The Country Club at Port de Plaisance an affiliate company of MMC M.V, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf of by other parties for or in respect of arising out of any injury, loss, damage or death caused to me or my personal property whether by negligence, breach of contract or in any other way whatsoever.

I ALSO AGREE THAT in the event that I am injured or my personal property is damaged, I will bring no claim, legal or otherwise, against The Country Club at Port de Plaisance an affiliate company of MMC M.V in respect of that injury or damage.

Before signing this document I have read and understood it and know that it affects my legal rights.

SIGNED BY:..... DATE:.....