

King Physical Therapy & Fitness

171 West Crawford Avenue • Connellsville, PA 15425 • (724) 628-7288
109 Crossroads Road • Scottdale, PA 15683 • (724) 887-4181

Silver & Fit/Active & Fit/Silver Sneakers/Prime Fitness/One Pass/Renew Active Fitness Membership Intake

Last Name: _____ First Name: _____
Birth date: ____/____/____ SS# _____ E-mail: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: (H) _____ (C) _____ (W) _____
Emergency Contact Name: _____ Phone: _____

I will be issued a membership key scanner which will entitle me to enjoy the benefits of membership. I will pay a deposit of ten (10) dollars for the membership key scanner. I will present my key scanner for admittance and I will be responsible for the proper use of the key scanner. I will not permit anyone else to use my key scanner. I acknowledge that use of my key scanner by someone else will result in loss of membership without refund for the remaining membership term. Upon termination I will return my key scanner and receive my deposit of ten (10) dollars back if the key scanner is in good condition.

Signature: _____ Date: _____

----- This portion to be completed by King PT & Fitness Staff -----

Membership Dues:

Start Date: _____ End Date: _____

Key Scanner: \$ _____
Fitness Eval: \$ _____
Total Due Today: \$ _____

Payment Method:

- Credit Card
- Cash or Check
- Gift Card

Consent & Release of Liability

1. In consideration of being allowed to participate in the activities of King PT & Fitness and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I hereby release and hold harmless King PT & Fitness, its affiliated entities, their respective employees, agents, directors, and officers, from and against any and all liability, costs, and damages arising out of or connected with my attendance at King PT & Fitness, participation in all activities, use of equipment or machinery or any act or omission, including negligence by King PT & Fitness representatives. (Initials _____).
2. I certify that, to the best of my knowledge, I have not withheld any pertinent information relating to my personal health or physical conditioning to become a participant in the King PT & Fitness program. (Initials _____).
3. I understand that there is an inherent risk of physical harm associated with participating in a fitness program and related use of exercise equipment. I understand that it is my personal responsibility, before participating in the program, to discuss it with my personal physician, to determine the appropriateness of my participation and to identify limitations imposed by any medical problems I may have or medications I may take. (Initials _____).
4. I understand that the fitness screening is only a tool to assess the potential for problems that can be encountered during an exercise program and in no way can be considered a medical examination. (Initials _____).
5. I understand that the King PT & Fitness program is not a medical program and will not correct any pre-existing medical conditions, nor will it serve as a medical assessment or referral service for any condition that may arise while in the King PT & Fitness program. I understand that should I want physical therapy treatment or advice, I will register at the front desk as a physical therapy patient of King PT & Fitness. (Initials _____).
6. I understand that in the event I do not understand the proper operation of any item of exercise equipment utilized in the fitness program that I should seek consultation with a member of the King PT & Fitness staff before using the equipment. I understand that it is my responsibility to promptly report any broken equipment in the facility to a member of the King PT & Fitness staff. (Initials _____).
7. I understand that while exercising, there is a possibility that any of the following may occur: changes in blood pressure, heart rhythm changes, fainting, and in rare instances, heart attack, stroke, or even death. (Initials _____).
8. I will be responsible for maintaining communication with the program staff as to any physical activity outside the program, and I will promptly report to a member of the King PT & Fitness staff any symptoms that I may experience before, during, or after exercise. (Initials _____).
9. I have had sufficient opportunity to discuss the program with the King PT & Fitness staff, and all of my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent to participate in the King PT & Fitness program. (Initials _____).

I acknowledge that I must comply with all rules and regulations of King PT & Fitness and by signing below hereby agree to do so as well as consent to all terms and conditions of this Consent and Release of Liability as set forth above.

Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

King PT & Fitness Staff Member: _____ Date: _____