



**MEDICAL CLEARANCE  
ASSUMPTION OF RISK FORM**

I have participated in a screening process that has detected known or suspected conditions which I understand place me at increased risk for cardiac or musculoskeletal injury. It has been strongly recommended that I receive medical clearance from a physician for continued participation in the fitness and exercise program so that these conditions can be more completely diagnosed and treated. ***I have chosen NOT to obtain medical clearance at this time and I knowingly assume all risks of injury due to participation in the fitness and exercise program, including but not limited to fainting, irregular heartbeats, heart attack and even death.***

\_\_\_\_\_ Initial

I also recognize that there are many other risks of injury, including serious disabling injuries that may arise from my participation in this activity and that it is not possible to specifically list every one. I have had an opportunity to ask questions, and any questions I had have been answered to my complete satisfaction. I understand and expressly assume all these risks as stated and voluntarily choose to participate in this activity.

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Member Name (printed)	Signature	Date
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**FOR STAFF USE ONLY**

	Checked	Initials
I. Exercise risks were orally discussed.	_____	_____
II. Questions were asked, and the participant indicated complete understanding of the risks.	_____	_____
III. Questions were not asked, but an opportunity to ask questions was provided and the participant indicated complete understanding of the risks.	_____	_____

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FOH Staff Name (printed)	Signature	Date
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