





**CLINICAL/HEALTH HISTORY:**

DO YOU HAVE OR HAVE YOU EVER HAD ANY HEALTH RELATED ISSUES OR ILLNESS THAT WE NEED TO BE AWARE OF? (check Y/N) IF YES, PLEASE LIST (BE SPECIFIC)

YES \_\_\_\_\_

NO \_\_\_\_\_

PLEASE LIST CURRENT MEDICATIONS:

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FAMILY PHYSICIAN(S): \_\_\_\_\_

DATE OF LAST PHYSICAL EXAMINATION: \_\_\_\_\_



**RELEASE OF LIABILITY**

I, the undersigned, do voluntarily assume the risks and accept the responsibility for my use of the facilities and participation in the exercise programs and services of Marshall WellnessCenters of Marshall Medical Centers (MMC) and, in consideration of my being so permitted, I agree to, do hereby, and will forever release, indemnify, and hold harmless Marshall Wellness Centers of MMC, its agents, servants, and employees for, from, and against any and all claims for injury or death to myself arising out of or related to the participation in the services of Marshall Wellness Centers of MMC.

I, the undersigned, a patient/member at Marshall Wellness Centers hereby give my permission for photographs/videography for:

**Medical Education, Teaching or Publicity (Non-patient identifiable)**

I understand that these photographs may be used in promotional or educational material produced in the name of Marshall Medical Centers. I further understand that no remuneration for this participation is expected nor guaranteed. I release Marshall Medical Centers of any and all liability associated with the activity of making, displaying or publishing these photographs.

**RELEASE OF LIABILITY NURSERY - SOUTH ONLY**

I, the undersigned, do voluntarily assume the risks and accept the responsibility for my child's use of the nursery facilities and participation in the nursery programs and services of Marshall Wellness of MMCS and, in consideration of my being so permitted, I agree to, do hereby, and will forever release, indemnity, and hold harmless Marshall Wellness of MMCS, its agents, servants, and employees for, from, and against any and all claims for injury or death to my child arising out of or related to the participation in the services of Marshall Wellness of MMCS.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MEMBER/PARENT SIGNATURE

\_\_\_\_\_  
CHILD'S NAME

\_\_\_\_\_  
PRINT MEMBER SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
PHONE NUMBER



REFUSAL OF INITIAL ASSESSMENT

I, the undersigned, do hereby and herewith withdraw my consent for any aspect of the Initial Assessment Test. I do so with full knowledge that there will be no prejudice toward me. I also understand that no assessment fee will be charged to me or my account.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
CO-SIGNER'S SIGNATURE  
(MEMBERS UNDER 18 YEARS OLD)

\_\_\_\_\_  
WITNESS

MEMBERSHIP AGREEMENT

As a member of Marshall Wellness Centers of MMC, I agree to abide by the Rules and Regulations of the Center. These rules were provided to me by the Center, and I understand it is my responsibility to read and abide by these rules. I understand that all dues are due on the first day of each month, members who join after the fifteenth (15th) of the month will be charged a prorated monthly fee plus the following month's fee. As a member, I understand that it is my responsibility to notify the Center, in writing, if I wish to terminate my membership. Notification of membership termination must be submitted prior to the 20th day of the previous month of termination to avoid paying for one month in advance unless, I am a MMC employee participating in payroll deduction. Whereas notification of termination must be submitted by the first of the previous month before termination. I understand that the termination forms are available in the office and I will continue to be charged my monthly membership fee, if I do not follow the procedure.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MEMBER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-SIGNER'S SIGNATURE  
(MEMBERS UNDER 18 YEARS OLD ONLY)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS