EMPLOYEE: Baptist Payment and Medical / Release Form

Print Name:	Date:	Cell Phone:	
Facility:	UID:	Dept:	
	Payroll Deduction Paym	ent Arrangement	
\$7/pay period	\$14/pay period with one guest	C	
Deduction taken: \$7_	\$14	\$21	
Name of 1st guest:		D.L.#	
Name of 2nd guest:		D.L.#	
8. Uncontrolled metabolic disease 9. Pregnant	art disease dedication re (no medication) by medication ness, (i.e., mono, hepatitis fever, viral infect (i.e. diabetes, etc)	ion) e not had any of the above stated conditions:	
	Date:	•	
acceptable exercises for your parti Do you have any orthopedic injuri		enter Member. We need to know so we can a c)?	advise you of
Are you under a physicians care at	t this time? Yes No		
	Yes No		
Do you know of any past or present Yes No	nt condition that would prohibit or limit y or If yes please explain:	ur physical training?	
Are you currently taking prescript. If yes please explain:	ion medicine? Yes No		
	or being associated, with my use of the B.I	itation Institute, its employees and agents from H.R.I Fitness Center and its equipment as w	
*Signature:		Date:	