SEDGWICK FARMS TENNIS CLUB/TENNIS N GEAR

You are being asked to complete a health history form PAR Q to assist you in making a self-evaluation of the risks of cardiovascular disease and other injuries or illnesses to which you may expose yourself by participating in our Tennis programs. You are asked to carefully complete this form at your own convenience. The purpose of this form is to help you determine whether you should seek medical approval prior to beginning activities at Sedgwick Farms Tennis Club/Tennis N Gear.

Completion of this form will not be a substitute for a proper medical examination nor will it replace any medical diagnosis you may previously have had of cardiovascular-related disease, or other injuries or illnesses. This form can only assist you in identifying risks it cannot diagnose your personal susceptibility to cardiovascular-related medical difficulties or other injuries or illnesses now or at any future date.

ASSUMPTION OF RISK

I acknowledge and understand the existence of risk in connection with my participation at this facility. Including but not limited to risk of cardiovascular-related disease, or other illnesses or injuries. I further acknowledge and understand that there is no substitute for a full medical evaluation and advice prior to undertaking any such activity or utilizing such facility.

I knowingly and voluntarily assume all risks of personal injury or illness in connection with my participation at Sedgwick Farms Tennis Club/ Tennis n Gear, which may result from my own medical condition or susceptibility to cardiovascular-related medical difficulties.

_____	_____	_____
Participant Signature	Witness	Date