



**Part II. Risk Factor Assessment**

Please answer the following questions as honestly as possible. Should you answer YES to any of these questions, you **must** receive a doctor’s approval before participating in this program, which will be provided by a Personal Training, NF2 Recreation Attendant or Facility Manager.

QUESTION	YES	NO
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you have pains or pressure in the chest, neck, shoulders, or arms during or right after exercise?		
Do you often feel faint or have spells of dizziness?		
Do you experience shortness of breath or difficulty breathing after mild exertion?		
Has a doctor said that you have bone or joint problems that could be made worse by a change in your physical activity?		
Do you have a family history of premature coronary artery disease (heart attack or chest pain prior to age 50)?		
Do you have a medical condition not mentioned above which might need special attention in an exercise program (i.e., insulin dependent diabetes, asthma)? If yes, please name your condition. _____		
Have you been medically diagnosed as obese?		
Are you currently taking any medications, which may alter your heart rate or blood pressure response to exercise?		

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant’s Name (please print)

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Physician’s Signature (if applicable)

\_\_\_\_\_  
Date

Physician’s Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part III. Hold Harmless Agreement**  
(Waiver and Release from Liability)

I, \_\_\_\_\_, understand that there are various risks involved with my participation in the Semper Teen Program. I further understand that these risks may include, but are not limited to, injuries caused by one's personal physical condition, improper body mechanics, and/or lack of hydration.

In consideration of the opportunity to participate in the Semper Teen Program, I hereby assume all risk associated with this event and shall indemnify, waive, release, and forever discharge the United States Marine Corps, Marine Corps Community Services, the Health and Fitness Division, Marine Corps Base, Camp Lejeune and all other sponsors and any other individuals or entities connected in any way to this event, from any claims for damages, death, personal injury or property damage and litigation costs/attorney's fees arising from or contributed to, in whole or in part, by any act, omission, fault or mistake of the above-named persons or entities and their employees or agents, resulting from my participation in this event. This waiver and release shall be binding on my heirs and assigns and shall run in favor of the above-named persons or entities and any individuals in any way connected with the aforementioned event.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date