

Colorado Mesa University
Campus Rec Services
Nutrition Counseling Health History Questionnaire

First & Last Name: _____ Today's Date: _____

Phone: _____ E-Mail: _____

Occupation: _____

Please state the main reason for your visit: _____

Referred by/How did you hear about us? _____

Have you had any major illnesses/hospitalization in the last two years? _____

Do you have a chronic illness or history of diet-related health problems? _____

Do you have any known food allergies, sensitivities or intolerances? _____

What medications are you taking? (Please include over the counter & herbals) _____

What are your hobbies? (Activities, Sports, etc.) _____

Is there any other information I need to know before beginning your appointment? _____

(Please see reverse side)

Nutrition Counseling Services Cancellation & Policy Agreement

Please understand and acknowledge the following policies:

- 24-Hour Notice of Cancellation is required in order to avoid
 - 1) being charged for any missed appointment and/or
 - 2) to receive any credit for the appointment, or
 - 3) to be given the opportunity to reschedule any missed or delayed appointment.
- The Health History Questionnaire should be completed prior to my appointment time so that all appointments may start and end on time. If my forms are not completed prior to my appointment time, I understand that my appointment might begin late and time will not be made up.

Client Name (Please Print)

Client Signature

Date

Signature of Parent (if under 18 years of age)

Date

Note: Please understand that the nutritional advice given is for the purpose of improving your health and diet and to contribute to the well-being of my body and mind. The Registered Dietitian does not diagnosis illness, disease, or any other physical or mental disorder. As such, the Registered Dietitian does not prescribe medical treatment or pharmaceuticals. Please understand that this Nutrition Counseling appointment is not a substitute for examinations and/or diagnosis and it is recommended that you see a physician for any physical ailment suspected.

HAMILTON RECREATION CENTER

WAIVER, RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT

Month and Year: _____ Participant Name: _____

In consideration for being permitted to use the Maverick Center facilities, including the Hamilton Recreation Center and Maverick Pavilion , the State of Colorado, Colorado Mesa University and its **Board of Trustees**, and with the understanding that such use is conditioned upon abiding by all policies and procedures and my execution of this waiver and release, for myself, my heirs and assigns, I hereby acknowledge, recognize and assume the risks involved in the use of the aforementioned facilities and any risks inherent in any other activities connected with the use of the Maverick Center Facilities. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents which may occur as a result of my use of the Maverick Center, Hamilton Recreation Center, and Maverick Pavilion, and release from liability the State of Colorado, Colorado Mesa University and its Board of Trustees, and all of the officers, directors, agents, representatives, and employees of the foregoing entities.

I HEREBY WAIVE ANY CLAIM I MAY HAVE AS A RESULT OF MY PARTICIPATION IN THE ABOVE-REFERENCED RECREATION CENTER. I HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE STATE OF COLORADO, COLORADO MESA UNIVERSITY BOARD OF TRUSTEES AND ALL OF THE OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, AND EMPLOYEES OF THE FOREGOING ENTITIES AGAINST ANY AND ALL CLAIMS, INCLUDING ATTORNEYS' FEES AND COSTS, WHICH MAY BE BROUGHT AGAINST ANY OF THEM BY ANYONE CLAIMING TO HAVE BEEN INJURED AS A RESULT OF MY PARTICIPATION IN THE USE OF THE HAMILTON RECREATION CENTER.

This waiver shall be governed in accordance with the laws of the State of Colorado, and venue for any action related to this waiver shall be in the City and County of Denver, Colorado. This waiver is intended as the complete integration of all understandings between the parties. No prior or contemporaneous addition, deletion, or other amendment hereto shall have any force or effect whatsoever, unless embodied herein in writing.

THIS IS A RELEASE OF LIABILITY. IF INDIVIDUAL IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED. I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT.

Signature of Participant

Date

Signature of Parent

Date

(If participant is under 18 years of age)