

URC Fitness Center

MEMBER INFORMATION FORM

STUDENT ID # _____ DATE _____ AGE _____

FIRST NAME _____ MI _____ LAST NAME _____

GENDER M / F DAY PHONE (____) _____ EVENING PHONE (____) _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE (____) _____

PLEASE READ THE FOLLOWING BEFORE SIGNING Waiver of Liability and Acknowledgement of Risks

The URC Fitness Center has been designed to provide a variety of beneficial exercises to the participants. Due to the nature of the program and the use of exercise equipment there are inherent risks of injury to the participants. The inherent risks include but are not limited to strains, sprains, fractures, dislocations, heart attack, stroke, heat stress, or even death. The URC Fitness Center enlists your assistance in assuring that the facilities are utilized in a proper manner so that the inherent risks are minimized by thoughtful and cautious use of the equipment.

I acknowledge the existence of inherent risks in connection with these activities, I assume the risks, and I agree to accept the responsibility for any injuries sustained in the course of (1) the use of equipment; (2) participation in exercise activities as well as unsupervised activities which may be in or outside the URC Fitness Center.

In consideration for participation in the URC Fitness Center activities I assume the risks. Further, I do hereby release and discharge the URC Fitness Center staff and employees from any and all liability claim, demand, cause of action of any kind whatsoever for or on account of my death, personal injury, or loss of any kind resulting from or related to my use of the facilities or participation in any exercise, or activity. I agree to indemnify and hold harmless EWU and the URC Fitness Center for any claims including such alleged claims of negligence or omissions by staff or employees. The terms hereof shall serve as a wavier of liability for my heirs, and for all members of my family including minors.

I have read and understand the Wavier of Liability and Acknowledgement of Risk form and that I agree to be bound by its terms. In addition I have read and understand the URC Fitness Center Policies and Procedures and will abide by the terms and conditions as they are presented.

Participant's Signature _____ Date _____

Staff Member's Signature _____ Date _____

Please Fill Out PAR-Q on side 2

Orientation IN _____ Date _____

Fall '18 _____ Win '19 _____ Spr '19 _____ Sum '19 _____

For Official Use Only

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

SIGNATURE OF PARENT _____

or GUARDIAN (for participants under the age of majority)

DATE _____

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

