

FITNESS CENTER MEMBERSHIP INFORMATION

NAME: _____ PHONE: _____ CELL: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ EMAIL ADDRESS: _____
MEDICATIONS: _____

Assess your health needs by making all **true** statements.

History

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization
- Percutaneous transluminal coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator/a rhythm disturbance
- Heart valve disease
- Heart transplantation
- Congenital heart disease

Symptoms

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting or blackouts.
- You take heart medicines.

Other health issues

- You have musculoskeletal problems.
- You have concerns about the safety of exercise.
- You take prescription medication.
- You are pregnant.

If you marked any of the statements in the above section, consult your physician before engaging in exercise. You may need to use a facility with a medically qualified staff.

Cardiovascular risk factors

- You are a man older than 45 years.
- You are a woman older than 55 years or you have had a hysterectomy or you are postmenopausal.
- You smoke.
- Your blood pressure is over 140/90 mm Hg.
- You don't know your blood pressure.
- You take blood pressure medication.
- Your blood cholesterol level is over 240 mg per dL.
- You don't know your cholesterol level.
- You have a close blood relative who had a heart attack before the age 55 (father or brother) or before age 65 (mother or sister).
- You are diabetic or take medicine to control your blood sugar.
- You are physically inactive (that is, you get less than 30 minutes of physical activity on at least three days per week).
- You are more than 20 lbs overweight.

If you marked two or more of the statements in the above section, consult your physician before engaging in exercise. You might benefit by using a facility with a professionally qualified exercise staff to guide your exercise program.

None of the above is true. If you marked this statement, you should be able to exercise safely without consulting your physician in almost any facility that meets your exercise requirements.

By signing below I attest that these answers are true and correct to the best of my knowledge.

Signature

Date

Fitness Center's Rules & Policies

- _____ 1. You must **SIGN-IN** (complete name) before you begin to work out.
- _____ 2. All participants must be trained by a center trainer prior to membership.
- _____ 3. All participants must complete the necessary paperwork including health questionnaire & waiver sheet prior to membership
- _____ 4. Men must wear shirts at all times.
- _____ 5. No children or non-members permitted in facility while you are working out.
- _____ 6. Must bring (mini) towel to wipe off machine when done.
- _____ 7. The only food or drinks allowed in the fitness center are water, sports drinks, and power bars.
- _____ 8. No profanity.
- _____ 9. No tobacco, drugs or alcohol.
- _____ 10. Must take plates off machines when done. Do not drop weights hard or reckless.
- _____ 11. All cardio equipment has a 30- minute time limit.
- _____ 12. Lockers are available free of charge. Bring your own lock. The fitness center accepts no liability for lost or stolen items.
- _____ 13. Keep music and television at a reasonable volume level for all ages.
- _____ 14. Respect the facility and all its members.
- _____ 15. No personal phone calls, usage for **emergencies** only.
- _____ 16. You must sign-out when you leave.

CONSENT FOR RELEASE OF LIABILITY

THE UNDERSIGNED, or any minor, hereby agrees to utilize the facilities and/or participate in the Punxsutawney Area Community Arts and Recreation Center's (hereinafter Community Center) Fitness Program entirely at his/her own risk; and furthermore does agree to release the Community Center, its officers, directors, volunteers, and employees, of and from any cause of action, claim, demand or right, in contract, tort, or otherwise, which the UNDERSIGNED, or any minor, now or hereafter may have based upon, arising from, or due directly or indirectly to, injury to the person, including loss of life, or loss or damage to the property of, and/or all the persons named below, including the UNDERSIGNED, or any minor, regardless of what such injury, loss or damage occurs whether such injury or damage occurs or arises upon the land, premises of the Community Center, lands used or ingress or egress from the highway or on adjacent land where activities occur, or from any activities conducted on the same.

Furthermore, the UNDERSIGNED, and any minor, agree to indemnify and hold harmless the Community Center for any liability arising from the UNDERSIGNED'S, or any minor's, actions while participating or utilizing the Fitness Center of the Community Center pursuant to this Agreement.

The consideration for the granting of this RELEASE and undertaking to INDEMNITY and HOLD HARMLESS the Community Center is, in addition to other good and valuable consideration, the undertaking by the Community Center to permit the UNDERSIGNED, and any minor, to enter upon the lands or premises of the CORPORATION and to make use of its facilities and equipment.

I certify I am at least eighteen (18) years old or if a minor, my guardian has also signed for me and I and my guardians will be bound as if I were eighteen (18) years of age. I, as a minor, also agree not to disaffirm this contract of Release of assumption of risks, waiver, indemnity and hold harmless agreement upon my attainment of the age of majority. As a parent, I agree to instruct my children on understanding and abiding by the rules and regulation of the Community Center.

PRINT NAME

PARTICIPANT/PARENT SIGNATURE

DATE

THE USE OF ANY FACILITY OR EQUIPMENT LOCATED IN THE COMMUNITY CENTER FITNESS PROGRAM BY ANY INDIVIDUAL NOT SIGNING AND AGREEING TO ASSUME ALL RISKS, RELEASE, INDEMNIFY AND HOLD HARMLESS THE PUNXSUTAWNEY AREA COMMUNITY CENTER CONSTITUTES TRESPASS AND IS NOT PERMITTED IN ANY WAY BY THE COMMUNITY CENTER.