



Participant Activity Readiness

Auerbach Student Union FITNESS CENTER

Name _____

Date of Birth _____

Daytime phone _____

Evening Phone _____

Email _____

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is the first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

- | | | |
|---|-----|----|
| 1. Has your doctor ever said you have a heart condition? | YES | NO |
| 2. Do you ever have pains in your heart or chest? | YES | NO |
| 3. Do you ever feel faint or have spells of severe dizziness? | YES | NO |
| 4. Do you have high blood pressure? | YES | NO |
| 5. Do you have orthopedic or joint problems that could be aggravated by exercise? | YES | NO |
| 6. Are you 65 or over, and not accustomed to vigorous exercise? | YES | NO |
| 7. Do you have diabetes? | YES | NO |
| 8. Are you taking medications that might alter your response to exercise? | YES | NO |
| 9. Is there a physical reason why you shouldn't follow an exercise program even if desired? | YES | NO |
| 10. Do you have any medical problems that might affect your ability to use the fitness center facility? | YES | NO |
| 11. FOR WOMEN: Are you pregnant? | YES | NO |

If you answered "yes" to any of the questions 1-11 you MUST consult a physician prior to using the Fitness center.

I, _____, certify that this information is complete and accurate to the best of my knowledge.

I have received and read the fitness center regulations and I will adhere to such policies.

User Signature _____ Date _____



AUERBACH STUDENT UNION FITNESS CENTER

Recreation and fitness services: Waiver and release of liability

In agreeing to participate in recreation and fitness activities at the American Jewish University, I agree as follows:

I fully understand and acknowledge that recreational and fitness activities have (a) inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives, employees, or volunteers of The American Jewish University, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes; (d) by my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employees, or volunteers of The American Jewish University, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the American Jewish University and its representatives, employees, and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives, employees, and volunteers of the American Jewish University.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE THE AMERICAN JEWISH UNIVERSITY FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Health Insurance Carrier _____

Primary Care Physician _____ Contact Number _____

Participant's Name (print) _____

Participant's Signature _____ Date _____