

Delgado Community College Wellness and Fitness Center

I. PERSONAL INFORMATION

START DATE	ID NUMBER	CATEGORY (circle one) Student Faculty Staff Community Alumni Family
FIRST NAME	LAST NAME	
DATE OF BIRTH		PHONE NUMBER
EMERGENCY CONTACT (NAME & NUMBER)		

II. PERSONAL MEDICAL HISTORY

- | | | |
|-----|----|---|
| YES | NO | 1. Has a physician ever said you have a heart condition, high blood pressure, and you should only do physical activity recommended by a physician? |
| YES | NO | 2. Do you have pain in your chest when doing physical activity? |
| YES | NO | 3. Have you had chest pain in the last month when not doing physical activity? |
| YES | NO | 4. Do you ever lose consciousness or do you lose your balance because of dizziness? |
| YES | NO | 5. Do you have a bone or joint problem that may be made worse by a change in your physical activity (such as back, knee, shoulder)? |
| YES | NO | 6. Is your physician currently prescribing medications for your blood pressure or a heart condition? |
| YES | NO | 7. Are you pregnant? |
| YES | NO | 8. Do you have diabetes (insulin-dependent, medication and/or diet controlled)? |
| YES | NO | 9. Do you have any other medical conditions or any other reason you should not begin to increase your exercise or physical activity?
Please explain: _____ |

List any medications being taken currently: _____

By signing below, I acknowledge that I have provided honest answers to all of the above questions. I understand that I will need medical clearance from a physician to begin a fitness program at DCC if any of my answers are "yes". If I become injured or ill during the work-out session, I will inform the lab assistant/instructor immediately.

Signature: _____ Date: _____

III. WAIVER

I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. I acknowledge that the strenuous nature of the program and the risks associated with my participation in the program have been explained to me, including, but not limited to, risks of physical injury, abnormal blood pressure, heart attack and death; and risks associated with negligence of the facility; and any other organization participating or involved in providing or promoting any classes, functions, programs, resting, or other activities that I participate in at the facility (including without limitation the owners, officers, directors, employees, and representatives of any the foregoing).

By signing this section of the document, I expressly assume all the risk for my health and well-being and expressly assume the other risks associated with participating in the program, including, but not limited to, the negligence of the facility and any other organization participating or involved in providing or promoting any classes, functions, programs, testing, or other activities that I participate in at the facility (including without limitation the owners, officers, directors, employees, and representatives of the foregoing). I also hereby release, waive, discharge, and covenant not to sue the instructors, the facility, any sponsoring health plan, any other organization participating or involved in providing or promoting classes, functions, programs, testing, or other activities that I participate in at the facility (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing) at any time hereafter, from any and all demands, liabilities, losses, or damages (including death or damage to property) caused or alleged to be caused in whole or in part by the negligence of any of the foregoing people or entities.

I, hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages I may have against Delgado Community College, the Louisiana Community & Technical Colleges, the State of Louisiana and any all agents, employees, representatives, successors and assigns of said parties for any and all injuries which may be suffered by me in connection with my participating in any form of exercise at Delgado Community College Fitness Center.

Print Name

Signature

Staff Signature

Date

Date

IV. RULES AND REGULATIONS

1. Access limited to **MEMBERS ONLY**. Everyone entering the Fitness Center **must check** in at **front desk** prior to workout.
2. Members are **15 years** of age or older. Underage members of 13-14 years of age **MUST** be accompanied by a parent or guardian during the **ENTIRE** work-out.
3. **The use of cell phones is prohibited** throughout the Fitness Center.
4. Proper athletic attire is required (No open toe, backless, or hard bottom shoes, and no flowing dresses. Shirts are to be kept on at all times).
5. **Food, drinks (other than water), and gum are not allowed in the Fitness Center.**
6. **Lockers** are to be used for **daily use only**. Locks are not provided. Locks left over night on lockers are **subject to being cut off and contents removed from locker.**
7. **Foul language will not be tolerated. Any language or attire deemed offensive by staff will not be permitted and may cause immediate termination of Fitness Center membership.**
8. Members should bring a workout towel. The Fitness Center does not supply towels.
9. **Outside personal training is strictly prohibited in the Fitness Center. Personal training is only allowed by Fitness Center staff.**
10. **Theft or vandalism** of any nature will not be tolerated and the guilty party will have **Fitness Center membership immediately terminated.**
11. **If a physician's release is required, it must be returned in a timely manner (two weeks).**
12. **There is a \$5 replacement fee for lost scan tags.**

If you plan to park in the Delgado parking lot, you must purchase a parking pass for \$10 a semester at the Bursar's office. **The Delgado Fitness Center has the right to revoke or suspend any membership for non compliance with any of the above mentioned rules. Membership fees are non refundable.** The Fitness Center rules have been explained to me and I fully understand the rules.

Member Signature _____

Date _____