

Kermit M. Rudolf Fitness Center New Membership Application Packet

Dear Prospective Spousal/Family Member:

Thank you, for your interest in the Kermit M. Rudolf Fitness Center (RFC).

This application includes:

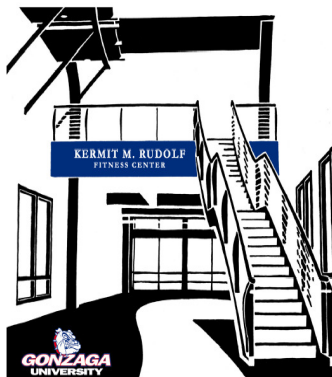
- membership application
- modified physical activity readiness questionnaire
- physician's statement and clearance
- informed consent and liability waiver

Please fill out all documents fully and return them to the RFC front desk.

Documents will be reviewed by a RFC professional staff member and verification of spouse/family status will be made by a phone call to the Human Resources Department/Registrar's Office. A clear set of instruction on how to complete your membership process will be given at that time.

Please note the RFC is primarily for Gonzaga students, faculty, and staff; not all family members over the age of 18 are eligible to be a member of the RFC. Dependents between the ages of 16-18 can join, use the cardiovascular and weight training equipment, but must be accompanied by their parent at all times in the RFC. Children may use the pool or field house only during weekend hours and are not allowed to be left unattended in the RFC.

If you have any questions about the application or the process please contact the RFC at 323-4200.



Modified Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____

Date: _____

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

Yes	No	Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
Yes	No	When you do physical activity, do you feel pain in your chest?
Yes	No	When you were not doing physical activity, have you chest pain in the past month?
Yes	No	Do you ever lose consciousness or do you lose your balance because of dizziness?
Yes	No	Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Yes	No	Is a physician currently prescribing medications for your blood pressure or heart condition?
Yes	No	Are you pregnant?
Yes	No	Do you have insulin dependent diabetes?
Yes	No	Are you 69 years of age or older?
Yes	No	Do you know of any reason you should not exercise or increase your physical activity?

If you answered yes to any of the above questions, you must take this entire packet to your doctor and have them fill out the Physician's Statement and Clearance listed on the next page BEFORE you become more physically active. Please share with your doctor your intent to exercise and to which question you answered yes.

If you honestly answered no to all questions you can be reasonably positive that you can safely increase your level of physical activity gradually.

If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

Participant's Signature: _____

Remember to return the entire completed packet to the Kermit M. Rudolf Fitness Center.

Physician's Statement and Clearance

Your safety is our primary concern. We comply with the health and fitness safety standards of the American College of Sports Medicine (ACSM), which recommends a physician's clearance prior to exercise if you answer yes to any questions on the PAR-Q.

- Please take this entire packet to your physician to be completed.

I hereby give my physician permission to release any pertinent medical information from my medical records to the staff at the Rudolf Fitness Center at Gonzaga University. I understand that all information will be kept confidential.

Patient's Signature

Date

Information requested for: _____

Reason for Medical Clearance: _____

Physician's Name: _____ Phone: _____

Fax: _____ Address: _____

City: _____ State: _____ Zip Code: _____

_____ **For Physician Use Only** _____

Please check one of the following statements:

_____ My patient may participate in an exercise program with no restrictions.

_____ My patient may participate in an exercise program with the following

restrictions: _____

_____ My patient may not participate in an exercise program.

Physician's Name (Type or Print): _____

Physician's Signature: _____ Date: _____

Remember to return the entire completed packet to the Kermit M. Rudolf Fitness Center.

Informed Consent and Liability Waiver

Thank you for choosing to use the facilities, services, or programs of the Kermit M. Rudolf Fitness Center (RFC). We request your understanding and cooperation in maintaining both you're and our safety and health by reading and signing the following informed consent agreement.

I, _____, declare that I intend to use some or all of the activities, facilities, programs, and services offered by the RFC and I understand that each person, (myself included), has a different capacity for participation in such activities, facilities, programs and services. I am aware that all activities, services, and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of the RFC brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I further understand that the activities, programs, and services offered by the RFC are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and / or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by participating in the activities, programs, and services offered by the RFC, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by the RFC at any time before, during, or after my participation.

Rules and Regulations: A copy of the RFC rules and regulations are available at the reception desk. Understand that violation of the RFC rules may cause your membership to be immediately terminated at the discretion of the RFC. In the event of termination of your membership by the Fitness Center due to rule violations your payment shall not be refunded. The RFC reserves the right to make additional rules and regulations and to amend or modify them.

Liability Waiver: It is expressly agreed that all users of the fitness facilities shall be used by you at your own risk. The RFC shall not be liable for any injuries or damage to you or your guest, or to your property or of any guest, or be subject to claim, demand, injury, or damages whatever, including without any limitations, those damages resulting from acts of active or passive negligence on the part of the Fitness Center, its officers, or employees. It is especially agreed that we shall not be responsible or liable for loss or damage to any other property of you or of your guests, including automobiles and contents. You agree that you are responsible for any damages caused by you to the facilities and equipment, and for any personal injury or property damage caused by you to any other member, guest or to the property of either.

You certify that the above information is correct. I will follow all the rules of the RFC, and understand that misbehavior is cause for dismissal. I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Applicant Signature: _____ Date: _____

For RFC Professional Only

Witness:

Date:

Remember to return the entire completed packet to the Kermit M. Rudolf Fitness Center.