

INDIVIDUAL FITNESS & MEDICAL HISTORY QUESTIONNAIRE

Many health benefits are associated with regular exercise and participation in an Individual Fitness Program. This information is used solely as an aid to health care and will not be released without your consent.

SECTION A: DEMOGRAPHICS

Name _____ Date of Birth: _____

Phone #: (____) _____ E-mail Address: _____

Emergency Contact Name: _____ Emergency Contact Phone # _____

SECTION B: GENERAL HEALTH QUESTIONS

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

Please read the 7 questions below and answer each one honestly: check YES or NO	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?		
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?		
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).		
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____		
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITIONS AND MEDICATIONS HERE: _____		
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____		
7) Has your doctor ever said that you should only do medically supervised physical activity?		

SECTION C: Exercise Program & Goals

CURRENT EXERCISE PROGRAM (IF ANY):

EXERCISE TYPE	FREQUENCY (# of days / week)	DURATION (Time spent in activity)	Exercise Comment
CARDIOVASCULAR			
WEIGHTS / STRENGTH			
STRETCHING / FLEXIBILITY			

New Exercise Program Goals:

◆ _____

If you answered NO to all of the questions above, you are cleared for physical activity.

Please sign the **PARTICIPANT DECLARATION**: *(If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form)*

Please check box to indicate that I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the Fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

SECTION D: Waiver Student, Employee and Retiree Participation Agreement

(READ CAREFULLY BEFORE SIGNING)

Lafayette College and its Department of Recreation Services (the “College”) believe that education extends beyond the classroom, and use of its facilities and participation in recreational activities is an important part of the educational experience. The below named student, employee or retiree (the “Participant”) acknowledges and agrees that his or her use of any facilities and/or participation in recreational sports and/or activities provided or sponsored by the College is an opportunity provided by the College to Participants. Participant will not be permitted to use any facilities or participate in any Recreation Program provided or sponsored by the College unless this form is signed by Participant.

I. ASSUMPTION OF THE RISK, GENERAL RELEASE, WAIVER, COVENANT NOT TO SUE, INDEMNIFICATION, VENUE AND CHOICE OF LAW AGREEMENT

I understand that my voluntary use of all facilities and/or participation in any Recreation Program may expose me to risks and dangers during instruction, practice, training, transportation and/or participation. In consideration of being allowed to use the facilities and/or participate in any Recreation Program, I, the undersigned, expressly acknowledge, understand, and agree to the following:

A. **ASSUMPTION OF RISK**: I fully understand, accept, and appreciate that my use of the facilities and/or participation in any Recreation Program involves risks and dangers of serious bodily injury, including, but not limited to, death, neck and spinal cord injury, partial or complete paralysis, concussions, brain damage, injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, limbs, eyes, and other aspects of the body, fatigue, dizziness, scrapes, bruises, sprains, general health and well-being. I accept and assume the particular risks and dangers associated with the use of the facilities or participation in any Recreation Program. While particular rules, equipment, and personal behavior may reduce the likelihood of injury, the risks and dangers of bodily injury still remain. I further acknowledge and agree that I may not be supervised at all times during use of the facilities or participation in any Recreation Program, including but not limited to instruction/training/practices/activities. I knowingly and freely assume all risks, both known and unknown, associated with the use of the facilities and/or participation in any Recreation Program, including, but not limited to, bodily injuries and damage and loss of property.

B. **GENERAL RELEASE**: I agree, on behalf of myself, and on behalf of my heirs, executors, administrators, personal representatives and/or assigns, to forever release, acquit, discharge and hold harmless the College, its trustees, officers, employees, students, volunteers, representatives and agents (the “Releasees”) from any and all claims, suits, liabilities, actions and causes of action, for bodily injury, property damage or wrongful

death, which I may have, now or in the future, which arise directly or indirectly out of my use of all facilities and/or participation in any Recreation Program. This release shall remain binding for all times hereafter.

C. **WAIVER AND COVENANT NOT TO SUE**: To the extent any claim is made by any person or entity against any of the Releasees in connection with my use of the facilities or participation in any Recreation Program, I hereby waive any claim for or right to monetary damages or any other form of personal relief. I hereby covenant not to sue the Releasees for any claim covered under Section I.(B) (the "Release"). I further agree that I will not assert in any forum any of the claims described in the Release. I acknowledge and agree that the College is entitled to recover all costs and attorneys' fees incurred in the enforcement of this provision. Notwithstanding the generality of this Covenant not to Sue, the above Release and Waiver of claims applies to the fullest extent permitted by law.

D. **INDEMNIFICATION**: I hereby agree to indemnify, defend, and hold harmless the Releasees from and against any and all third-party claims, demands, suits, actions, damages, costs, attorney's fees, expert fees, and causes of action that allege, arise out of, or are in any way attributable to my negligent or intentional acts or omissions in connection with the use of the facilities or participation in a Recreation Program.

E. **VENUE AND CHOICE OF LAW**: I agree to venue for the purpose of resolving all disputes or issues of law, equity or fact, arising out of or related to my use of the facilities or participation in any Recreation Program shall be in the Commonwealth of Pennsylvania (Northampton County). The law applicable to use of the facilities or participation in any Recreation Program, in all respects, shall be that of the Commonwealth of Pennsylvania.

II. **MEDICAL RELEASE AND TREATMENT AUTHORIZATION**

I agree to assume all risks of the use of the facilities or participation in the Recreation Program associated with any of my medical needs or conditions. I certify that I am solely responsible for making any appropriate arrangements regarding any of my medical needs or conditions. I agree to forever release, acquit, discharge and hold harmless the Releasees for any claim arising from my use of the facilities or participation in the Recreation Program with regard to any of my medical needs or conditions. In the event of an accident or other emergency, I hereby authorize the College to permit commencement of medical treatment or hospital care (including necessary transportation) when, in the judgment of the first responder involved, such treatment is medically appropriate. In authorizing such medical treatment, I agree to accept the determination of the first responder that the treatment or care rendered was medically appropriate to protect my life, health or mental well-being. I hereby agree to bear all costs incurred as a result of the foregoing.

I, the undersigned, have read the entirety of this Agreement and I understand what it means. I hereby expressly agree that the provisions contained in this Agreement are intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania and that if any portion hereof is held invalid or unenforceable, I agree that the balance shall continue in full legal force and effect.

By signing this Agreement, I affirm that I am at least 18 years of age, and that I have decided to voluntarily use the facilities or participate in any Recreation Program with full knowledge that the Releasees will not be liable for any personal injury or property damage I may suffer or cause.

Signature of Participant: _____ ID/EE/L #: _____

Print Full Name: _____ Date: _____

LAFAYETTE

RECREATION SERVICES

Personal Training Cancellation/Refund Policy

Cancellation/Rescheduling Policy

If you need to cancel or reschedule a session, please contact your trainer directly. If it is a last minute emergency, still contact your personal trainer, but also call the Reception Desk to leave a message at (610) 330-5770.

Personal trainer must be notified 24 hours in advance of scheduled sessions. You must receive verbal confirmation of cancellation from the trainer. If you do not appear for a scheduled appointment or fail to give 24 hours notice, you will be charged for the full session.

You will not be charged for your session if the trainer does not show for your scheduled appointment.

Tardiness Policy:

Clients are expected to begin working out at the start time of the scheduled appointment. A late start time does not entitle a client to a session longer than the scheduled appointment.

Please call if you are going to be more than 5 minutes late for a session. Personal trainers will only wait 15 minutes for late arrivals and your sessions will start from the time agreed upon.

Medical:

If you purchase Personal Training Sessions and cannot finish the sessions due to health issues, you are eligible for a refund for unused sessions minus a \$10 administrative fee. You must provide documentation from your physician to receive this refund. This refund is based upon the approval from the Associate Director of Fitness.

EXPIRATION DATES ON PACKAGES:

If you purchase a training package, there will be a 6 month expiration from the 1st session date purchase to complete your sessions unless you notify the Associate Director of Fitness for an extension. Any sessions that remain after the expiration date will be forfeited.

I verify that I understand and will abide by these policies

Client Signature _____ Date _____