

# Earlham College Athletic and Wellness Center

## Membership Form for On Campus Employees, Retirees & Family Members\*

\*spouse and/or child under 24 years of age residing at the same address

<b>PERSONAL INFORMATION</b>							
<b>PLEASE PRINT</b>							
Name:					Phone:		
Local Address:							
City:				State:		Zip:	
Date of Birth:			Age:		Full name of family member employed (retired) on campus:		
Sex:		E-Mail Address:					
Emergency Contact:				Relationship:		Phone:	
Physician's Name:				Phone:			
On-Campus Employee Status: (circle info for the family member that does work on campus)							
<u>Earlham/ESR:</u>			<u>Metz:</u>			<u>NMR:</u>	
Full Time	Part Time	Adjunct	Retired	Full Time	Part Time	Full Time	Part Time

### Earlham College Athletics and Wellness Center Assumption of Risk and Responsibility

**Assumption of Risk:** The undersigned hereby acknowledge and agree they understand the nature of the use of fitness equipment & vigorous exercise; that Participant is qualified, in good health, and in proper physical condition to participate therein; that there are certain inherent risks and dangers associated with the Event; and that, except as expressly set forth herein, they, knowingly and voluntarily, accept, and assume responsibility for, each of these risks and dangers, and all other risks and dangers that could arise out of, or occur during, Participant's participation in the Event.

**Release and Waiver:** The undersigned hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Earlham College or thereof, and each of them, their officers and employees, (collectively, the "Releasees") from and for any liability resulting from any personal injury, accident or illness (including death), and/or property loss, however caused, arising from, or in any way related to, Participant's participation in the use of fitness equipment and vigorous exercise, except for those caused by the willful misconduct, gross negligence or intentional torts of the above parties, as applicable.

**Indemnification and Hold Harmless:** The undersigned also hereby agree to INDEMNIFY DEFEND AND HOLD the Releasees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney's fees, arising from, or in any way related to, Participant's participation in the Event, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties as applicable.

**Severability:** The undersigned expressly agree that the foregoing assumption of risk, release and waiver of liability and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**< CONTINUED ON OTHER SIDE >**

**Acknowledgment of Understanding:** The undersigned have read this assumption of risk, release and waiver of liability and indemnity agreement, and have had the opportunity to ask questions about the same. The undersigned fully understand this assumption of risk, release and waiver of liability and indemnity agreement that the undersigned are giving up substantial rights in connection therewith, and that its terms are contractual, and not a mere recital. The undersigned acknowledge that they are signing this agreement freely and voluntarily.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If Participant is under age of 18*

MEMBERSHIP STATUS (circle one)	FEES	
	Employee	Family Members (each)
Earlham/ESR Full Time Employees & Earlham/ESR Retirees	FREE	FREE
Earlham/ESR Part Time	\$150/Year Free after 2 years	\$150/Year Free after 2 years
Earlham/ESR Adjunct	\$250/Year	\$150/Year
Metz Full Time	Free	\$150/year
Metz Part Time	\$150/Year	\$150/Year
NMR Full Time	Free	\$150/Year
NMR Part Time	\$150/Year	\$150/Year

**Family Members:**  
(A spouse and/or child under 24 years of age residing at the same address)

**Eligible Family Members:**  
(to be completed on employee forms)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

An adult must accompany children under 18. Children under 12 are not permitted in the Energy Center.

STAPLE RECEIPT HERE	METHOD OF PAYMENT (Circle One)	OFFICE USE ONLY
	Cash:	Fee Paid:
	Check No.:	Receipt#
		Date:
Credit Card:	MC      VISA	
STAPLE RECEIPT HERE	METHOD OF PAYMENT (Circle One)	OFFICE USE ONLY
	Cash:	Fee Paid:
	Check No.:	Receipt#
		Date:
Credit Card:	MC      VISA	

MEMBERSHIP EXPIRATION DATE:

AWC Staff Initials: \_\_\_\_\_

MEMBERSHIP EXPIRATION DATE:

AWC Staff Initials: \_\_\_\_\_

# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

## Membership Form

(to be completed annually)

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Many health benefits are associated with regular exercise, and the completion of the PAR-Q is a sensible, first step to take if you are planning to increase the amount of physical activity in your life. For most people, physical activity should not pose any problem or hazard. The PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read carefully and circle the correct answer as it applies to you.

### PAR-Q QUESTIONS:

- Yes No 1.) Has your doctor ever said you have heart trouble?  
\_\_\_\_\_
- Yes No 2.) Do you frequently have pains in your heart or chest? If yes, please explain:  
\_\_\_\_\_
- Yes No 3.) Do you often feel faint or have spells or severe dizziness?  
\_\_\_\_\_
- Yes No 4.) Has your doctor ever said your blood pressure was too high/low (please circle)?  
\_\_\_\_\_
- Yes No 5.) Are you currently on any medications? If yes, please name them.  
\_\_\_\_\_
- Yes No 6.) Has your doctor ever told you that you have a bone or joint problem, such as arthritis that has been aggravated by exercise or might be made worse with exercise?  
\_\_\_\_\_
- Yes No 7.) Have you had any type of surgeries done? If yes, what and when.  
\_\_\_\_\_
- Yes No 8.) Have you ever been diagnosed with joint or soft tissue problem, specifically but not limited to the back? If yes, please explain:  
\_\_\_\_\_
- Yes No 9.) Are you accustomed to vigorous exercise?  
\_\_\_\_\_

If you answered:

**YES** to one or more Questions

**NO** to all Questions

If you have not recently done so, consult with your personal physician by telephone or in person before increasing your physical activity. Tell your physician what questions your answered "yes" to on PAR-Q or present your PAR-Q copy.

#### PROGRAMS

After medical evaluation, seek advice from your physician as to your suitability for:  
\*unrestricted physical activity starting off easily and progressing gradually, and  
\*restricted or supervised activity to meet your specific needs.

If you answered the PAR-Q accurately, you have reasonable assurance of your present suitability for:  
\*a graduated exercise program- gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort, and  
\*a fitness assessment- standardized test of fitness.

#### POSTPONE

If you have a temporary minor illness, such as a common cold.

I am fully aware of the risks and dangers involved in the activity. I am aware that unanticipated and unexpected events may occur that may result in injury to me. I hereby assume all risks of injury that I may sustain in connection with the event. I understand that it is my responsibility to obtain all necessary permission or medical approval to participate in all associated activities or verify that such permission has been obtained on my behalf.

I certify that I have no preexisting health condition or injury, including without limitation any back, neck, or soft tissue injury or condition that could result in re-injury or injury to me in my participation of the activity.

Parent's Signature if participant is under 18 years old \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date this \_\_\_\_\_ day of \_\_\_\_\_

Printed name of Participant \_\_\_\_\_