**Waiver and Release of Liability**

I acknowledge that my attendance at or use of the **Blomeyer Health Fitness Center** (also Fitness Center) or participation in any of the Fitness Center’s activities or programs, including without limitation my use of the Fitness Center’s equipment and facilities, could cause injury to me. As a material consideration for the Fitness Center to permit me to become a member or guest and to permit me to use the Fitness Center and its facilities, I, on my own behalf, hereby assume all risks of personal injury, death, property loss or other damages which may result from or arise out of attendance at or use of the Fitness Center or any of the Fitness Center’s health or advisory services or participation in any of the Fitness Center’s programs or activities. The foregoing risks shall include, but not be limited to, risks associated with: aerobics; fitness equipment; weight lifting; team and individual sports; exercise; locker room; steam bath; swimming; pools; dining; massage; spa; nursery; obstacle course; adventure sports; parking; environmental; theft; and contagion. I understand that the foregoing waiver of liability on my behalf shall apply to any and all claims against the Fitness Center and/or its owners or managers, or any of their respective shareholders, officers, directors, employees, agents or affiliates (collectively, the “Fitness Center Affiliates”) for any such personal injuries, property loss or other damages connected to or arising out of any of the aforesaid risks.

I, on behalf of myself and my heirs, executors, administrators and assigns, fully and forever release and discharge the **Blomeyer Health Fitness Center** and the Center’s Affiliates, and each of them, from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my attendance at or use of the Fitness Center or any of the Fitness Center’s health or advisory services or my participation in any of the Fitness Center’s activities or programs, including those which arise out of the gross negligence of the Fitness Center and/or the Fitness Center Affiliates. Further, I hereby release and discharge the Fitness Center and the Fitness Center Affiliates from any and all liability for any loss, or theft of, or damage to personal property, including without limitation automobiles and the contents of lockers.

I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a waiver and release of liability.

I represent to the **Blomeyer Health Fitness Center** that I am physically fit to perform those activities which I may undertake at the Fitness Center and that I am solely responsible for all health risks associated with such activities. I understand that any evaluation or assessment of my physical fitness and any recommendation of activities made by the Fitness Center shall not be a substitute for obtaining such evaluation assessment or recommendation from my physician before undertaking a physical exercise program or engaging in any of the activities at the Fitness Center.

By signing this Waiver and Release of Liability, I have reviewed and concur that all information in this Agreement is correct to the best of my knowledge and belief. I agree to the above Agreement and all terms and conditions listed on this form and on any Attachments, which are part of this Waiver and Release of Liability.

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address, City, State, Zip

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor: (check one): \_\_ Member (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Hotel (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Room # \_\_\_\_\_

\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ copy of id attached

Guest Fee $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PAR-Q –(Physical Activity Readiness Questionnaire)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age and you are not used to being very active check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

1. Has your doctor ever said that you have a heart condition and that you should only do

physical activity recommended by a doctor? YES  NO

1. Do you feel pain in your chest when you do physical activity? YES  NO
2. In the past month, have you had chest pain when you were not doing physical activity? YES  NO
3. Do you lose your balance because of dizziness or do you ever lose consciousness? YES  NO
4. Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES  NO
5. Is your doctor currently prescribing drugs (for example, water pills) for your blood

pressure or heart condition? YES  NO

1. Do you know of any other reason why you should not do physical activity? YES  NO

If you answered

* + **YES** to one or more questions – Talk to your doctor before you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.
    1. You may be able to do any activity you want – as long as you start slowly and build up gradually. Or you may need to restrict your activities to those, which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
    2. Find out which community programs are safe and helpful for you.
  + **NO** to all questions – If you answered NO honestly to all questions, you can be reasonably sure that you can:
    1. Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
    2. Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more physically active:

* + If you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better OR
  + If you are or may be pregnant – talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity. (Reprinted from the Canadian Society for Exercise Physiology, Inc., 1994.) © Canadian Society for Exercise Physiology. Société canadienne de physiologie de l’exercice.