

## **Ripon College Health and Wellness Membership Agreement at the Willmore Center**

Any user must have a signed usage agreement and waiver form on file with Ripon College in order to exercise in the facility and use facility equipment. After reading this document, please print your name legibly, sign, and date in the spaces provided. Part of the funding for Ripon College Willmore Center came from the USDA. That funding helps support Ripon's goals to connect the community and the college. Part of our agreement with the USDA includes reporting data back to the government about our members and their biographical information. Any data collected within this document will be shared with the USDA in accordance with any reporting requirements that are passed along to Ripon College. In signing this agreement any user also understands that the Willmore functions as the primary practice and performance space for Ripon College athletes. At times areas of the facility will be closed without prior notice to accommodate those needs. These times will be rare, but possible.

### **Waiver and Covenant Not to Sue**

I, \_\_\_\_\_, volunteer to participate in an independent program of physical exercise, which may include but is not limited to, aerobic conditioning, weight and/or resistance training, and flexibility training. I do here and forever release and discharge and hereby hold harmless Ripon College and Ripon college Fitness center personnel from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

### **Usage Agreement and Assumption of Risk**

I, \_\_\_\_\_, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and in rare instances, death. I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from using this facility. I understand that results are individual and may vary. I have read over and agree to follow the Ripon College policies as set forth by Ripon College personnel and Ripon College.

### **Payment Information**

By signing this membership agreement you agree to pay any and all fees that are associated with your membership at the Ripon College Health and Wellness Center.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## The Physical Activity Readiness Questionnaire

Being physically active is very safe for most people. Some people, however, should check with their doctors before they increase their current level of activity. The PAR-Q has been designed to identify the small number of adults for whom physical activity may be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Answer yes or no to the following questions:

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Y/N
2. Do you feel pain in your chest when you do physical activity? Y/N
3. In the past month, have you had chest pain when you were not doing physical activity? Y/N
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Y/N
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Y/N
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? Y/N
7. Do you know of any other reason why you should not do physical activity? Y/N

If you answered yes:

If you answered yes to one or more questions, are older than age 40 and have been inactive or are concerned about your health, consult a physician before taking a fitness test or substantially increasing your physical activity. You should ask for a medical clearance along with information about specific exercise limitations you may have.

In most cases, you will still be able to do any type of activity you want as long as you adhere to some guidelines.

If you answered no:

If you answered “No” to all the PAR-Q questions, you can be reasonably sure that you can exercise safely and have low risk of having any medical complications from exercise. It is still important to start slowly and increase gradually. It may also be helpful to have a fitness assessment with a personal trainer or coach in order to determine where to begin.

When to delay the start of an exercise program:

- If you are not feeling well because of a temporary illness, such as a cold or a fever, wait until you feel better to begin exercising.
- If you are or may be pregnant, talk with your doctor before you start becoming more active.

I have read, understand and answered this questionnaire to the best of my ability and knowledge.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_