

CENTENARY CAMPUS RECREATION

Membership Agreement

First Name _____ Middle Initial _____ Last _____
 Preferred Name _____ Birth Date _____ Marital Status _____
 Gender Male Female Age _____ Weight _____ Height _____
 Address _____ ID /Soc Sec No _____
 City _____ State _____ Zip _____
 E-mail address _____ Phone _____

Centenary Affiliation (circle one): Student | Faculty | Staff | Alumni | Retiree | Spouse | Public | Associate

Employer _____ Phone _____
 Emergency Contact _____ Phone _____
 Physician Name _____ Phone _____

Primary Member _____
 Additional Members _____

By signature I agree to pay fees of \$_____ for a membership (check one) with annual renewal each August 1st:

Graduate Student Individual Membership:

- \$240/year or \$60/quarter

Friends of Centenary Family Membership:

- \$420/year or \$105/quarter

Friends of Centenary Individual Membership:

- \$300/year or \$75/quarter

Family & Corporate Membership:

- \$540/year or \$135/quarter

Community Individual Membership:

- \$360/year or \$90/quarter

Quarterly Billing

August 1 \$ _____
 November 1 \$ _____
 February 1 \$ _____
 May 1 \$ _____

Annual Billing

August 1 \$ _____

This membership is for the use of the Centenary Fitness Center and all activities that apply within. I agree to adhere to all guidelines and policies stated and understand that if I do not comply that my membership can be cancelled with no refund.

Print Name _____ Date _____

Signature _____

Staff Use Only

Method of payment: Cash \$ _____ Check# _____ Collector of fees _____

CENTENARY CAMPUS RECREATION

Agreement and Release of Liability

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the *Centenary Fitness Center* and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the *Centenary College of Louisiana* and the *Centenary Fitness Center* and its officers, directors, agents, employees, representatives, executors, and all others from any and all responsibilities or liability of injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury to damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the *Centenary Fitness Center* or the use of any equipment at the *Centenary Fitness Center*.
2. I understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment, are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the *Centenary Fitness Center* or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent examination and consultation with my physician as to physical activity, exercise, and use of exercise and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.
4. Dependents 17 years of age or younger must provide dependent's and parental/guardian's signature.

Parent/Guardian Signature: _____

Date: _____

Minors Name: _____

Informed Consent Agreement

Thank you for choosing to use the facilities services, or programs of the Centenary Fitness Center. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

1. I declare that I intend to use some or all of the activities, facilities, programs, and services offered by the Centenary Fitness Center and I understand that each person, (myself included), has a different capacity for participating in such activities, services, and programs offered are either 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.
2. 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 Centenary Fitness Center brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill I possess and use.
3. I further understand that the activities, programs, and services offered by the Centenary Fitness Center 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 condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.
4. I recognize that by participating in the activities, facilities, programs, and services offered by the Centenary Fitness Center, I may experience potential health risks, including without limitation, 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.
5. I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by the Centenary Fitness Center at any time before, during, or after my participation.

I declare that I have read, understand and agree to the contents of this informed consent agreement in its entirety.

Members Signature: _____

Date: _____

CENTENARY FITNESS CENTER

Health History Questionnaire

Enter known values:

Systolic Blood Pressure: _____mmHg

Total Cholesterol: _____mg/dl

Diastolic Blood Pressure: _____mmHg

HDL cholesterol: _____mm/dl

Triglycerides: _____mm/dl

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please check YES or NO:

YES NO

- 1. Do you have a heart condition?
2. Have you ever experienced a stroke?
3. Do you have epilepsy?
4. Are you pregnant?
5. Do you have diabetes?
6. Do you have emphysema?
7. Do you feel pain in your chest when you engage in physical activity?
8. Do you have chronic bronchitis?
9. In the past month, have you had chest pain when you were not doing physical activity?
10. Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness?
11. Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity?
12. Has a physician ever told you, or are you aware, that you have high blood pressure?
13. Has anyone in your immediate family had a heart attack, stroke, or cardiovascular disease before age 55?
14. Has a physician ever told you, or are you aware, that you have a high cholesterol level?
15. Do you currently smoke?
16. Are you a male over 44 years of age?
17. Are you a female over 54 years of age?
18. Are you currently exercising LESS than 1 hour per week?
19. Are you currently taking any medication? If yes, please list on the back of this form and its purpose
20. Do you have any dependents that have any health risks or condition that would prevent them from participating in exercise/activity? If YES, please list the dependent and their health concern: _____

Please answer the following questions regarding your current exercise/activity: Please circle one response for each question

How many times per week do you exercise? 1 2 3 4 5 6 7+

How would you describe the intensity of these sessions? Sedentary Moderate Vigorous

How long have you been following this exercise program? 0-3 Months 3-12 Months 12+ Months

What types of exercise do you do? _____

How long (in minutes) is your typical exercise session? 10 20 30 40 50 60+

At what intensity do you plan on exercising? Low Moderate Vigorous

I have read, understood, and have honestly completed this questionnaire to best of my knowledge. Any questions that I had were answered to my full satisfaction.

Print Name _____

Date _____

Signature _____

Centenary Fitness Center Guidelines and Policies

1. A valid Centenary ID Card must be presented to enter the facility.
2. Proper attire required (shirt and athletic shoes, shorts, and sweats) for all persons using the facility. Jeans, sandals, flip-flops, and/or open-end shoes are not allowed. Muscle shirts, cut-off shorts, and cut-off shirts will not be allowed. Shorts must be worn over biker shorts unless in aerobics room. Shoes that leave markings on floor will not be allowed in activity areas.
3. Safety first (use correct technique when operating equipment).
4. Warm-up prior to work out and cool-down after workout.
5. If you do not know how to set equipment and/or need help with your program, please see staff before beginning your workout.
6. Please report any discomfort or injuries to facility staff.
7. Please limit yourself to 30 minutes on equipment when people are waiting.
8. Must use a towel to wipe control panels, seats, pads, and railings when you complete your workout.
9. Always use a spotter and lift within your capabilities. Offer to spot unaccompanied lifters if capable of handling their weight.
10. Weights and/or dumbbells should not be placed on benches or resting against walls.
11. Please lower and raise the weight plates carefully. Do not drop weight on the floor after sets or strike together between reps.
12. Return all plates and dumbbells to designated positions labeled on the racks and weight trees.
13. Free weight equipment is not to leave the free weight area.
14. Foods, drink, gum, and/or tobacco is not allowed in the Fitness Center.
15. Dependents 16 years of age may have access to the cardio and free weight areas, but must have parental supervision.
16. All dependents that are not legal adults (18 or older) must be with parental supervision at all times while visiting the Fitness Center.
17. People are no longer considered dependents on their parent/guardian's membership account above the age of 22. Once someone reaches the age of 23 they will no longer be classified as dependents on their parent/guardian's membership account.
18. Inappropriate behavior or use of the equipment is not allowed and may result in loss of privileges to use the Centenary Fitness Center.
19. Lost articles are kept at the Front Desk or Manager's Office. The Centenary Fitness Center is not responsible for lost items.
20. Animals (except guide dogs), bicycles, inline skates, and/or skateboards are NOT allowed in the Fitness Center at any time.
21. **All paying members must fill out a Centenary Cancellation Form in person in order for their membership to be canceled and payments for the membership to end. If members do not fill out a cancellation form they will continue to be charged for their membership, and possible legal action could occur if payments are not made.**

****Proper use of the Centenary Fitness Center will help facilitate everyone's opportunity to have a safe and productive workout. All members of the Fitness Center are required to adhere to the Centenary College of Louisiana Code of Conduct Rules and Regulations. Failure to comply with these guidelines and policies may result in loss of privileges to use the Fitness Center. Your cooperation will assist in keeping our recreation facilities safe, clean and beneficial for all participants.*

Guest Policy

Any member may bring 2 guests into the recreational facilities at any one time. This applies to regularly schedule informal recreational sports, not intramural or sport club activities. Guest fees are good for one day only and may be paid at the Front Desk.

GUEST FEES: \$5.00 PER VISIT/DAY FOR EACH GUEST"

*All guests must be 15 years of age or older and be accompanied by the sponsor.

*Guests must present a picture ID when entering the facility.

*All guests are subject to the same policies and regulations as the entire campus community. This is to include the signing of an Informed Consent Form. Violation of these policies is cause for revocation of privileges and removal from the facilities.

*Sponsors must accompany their guests at all times.

"NOTE:" A guest is someone who is known by you and who knows you. It is a violation of guest policies to sponsor anyone for the sole purpose of their gaining access/entrance into a college facility.