



HENDRIX

WELLNESS & ATHLETICS CENTER Health History/Par Q/Assumption of Risk

Member's Name: _____ Birthdate: _____ Membership #: _____
First Last

Please check appropriate group: Student Faculty or Staff Faculty/Staff Spouse Other
 Alumni Retired Faculty/Staff Retired Faculty/Staff Spouse Under 18 years of age

Home Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Email Address: _____

Physician: _____ Emergency Contact: _____ Phone: _____

Please answer these questions listed below. If you answer a "YES" to any of these questions, you must provide us with a written medical clearance from your physician OR sign an "Express Assumption of Risk" form.

- YES NO Has your doctor ever said that you have a heart condition and you should only do physical activity recommended by a doctor?
- YES NO Do you have any pain in your chest and/or heart when doing physical activity?
- YES NO Do you experience loss of consciousness or suffer from dizziness/fainting episodes?
- YES NO Has your doctor ever told you that you have a bone or joint problem that might be aggravated or made worse by an increase in physical activity?
- YES NO Are you currently taking medications for high blood pressure or for your heart?
- YES NO Are you over 65 and NOT used to vigorous and intense exercise?
- YES NO Is there any reason why you should not be able to begin a structured exercise program?
- YES NO Would you describe your lifestyle as sedentary?

HEALTH HISTORY:

Are you or have you ever been under a physician's care for the following conditions:

Angina/Chest Pain	Yes: _____	When: _____	No: _____
Abnormal Heart Beat	Yes: _____	When: _____	No: _____
Heart Attack	Yes: _____	When: _____	No: _____
Angioplasty	Yes: _____	When: _____	No: _____
Epilepsy	Yes: _____	When: _____	No: _____
Heart Surgery	Yes: _____	When: _____	No: _____
Stroke	Yes: _____	When: _____	No: _____
High blood pressure	Yes: _____	Medication: _____	No: _____
Diabetes	Yes: _____	Insulin: _____	No: _____
Asthma/Breathing	Yes: _____	Inhaler used: _____	No: _____

(Over)

Do you smoke Yes: _____ How much: _____ No: _____

List any other medications NOT listed above: _____

Are there any other conditions or medical problems that may limit your physical activity? _____

ASSUMPTION OF RISK:

For and in consideration of being permitted to use Hendrix College's Wellness and Athletic Center I, the undersigned, assume all risks in any way connected with or related to physical exercise and hereby waive any and all claims which I may have arising out of theft or destruction of, or damage to personal property, personal injury, or death and release Hendrix College, it's agents, servants, and employees harmless from any liability whatsoever relating to my use of the Hendrix College facilities, including reasonable attorney's fees. For any membership which includes privileges for family use of these facilities, all the representatives of this Waiver and Release apply with equal force to all members of the family follow them.

I, the undersigned (guest, parent, or member 18 years and older,) acknowledge the existence of risks in connection with exercise activities, assume risks, and agree to accept the responsibility for any injuries sustained by myself or above-mentioned guest in the use of these facilities and/or its equipment. More specifically, I acknowledge and accept responsibility for injuries resulting from those activities, which involves risks in one or more of the following areas:

1. Possible injuries or medical disorders due to the participant's use of the equipment and facilities, such as heart attack, stroke, heart stress, or other injuries which result from individual or group exercise activities such as sprains, broken bones, torn muscles, torn ligaments, etc.
2. Participation in the unsupervised activities which are made available at the WAC cardio and strength room, Movement Studio, Aquatic Center, Indoor and Outdoor Track, Turf Field, Tennis Center, Gymnasiums or in other individual or group exercise classes.
3. Accidents which occur within the facilities provided by the WAC, such as locker rooms, dressing rooms, shower rooms and classrooms.

Having read the preceding, I acknowledge and understand those risks and set forth herein and knowingly agree to accept full responsibility for my/my child's/my guest's exposures to such risks.

In addition, I have completely read the W.A.C. Rules and Regulations. I have been given an opportunity to ask questions and feel that I understand what is expected of me as a WAC member. I also acknowledge that failure to comply with these policies may result in loss of W.A.C. privileges.

Member/Guest Signature: _____ Date: _____

Parent/Guardian (if under 18): _____ Date: _____

Staff Signature: _____ Date: _____