HENDRIX COLLEGE WARRIORS

WELLNESS & ATHLETICS CENTER
HEALTH HISTORY/PAR-Q

Member's Name: _____ Date of Birth: ____/____/____ Age: _____
first last

Home address: _____
street city state zip

Email address: _____ Phone: _____

Please check appropriate group:

- ❑ Student
- ❑ Current Faculty or Staff
- ❑ Current Faculty or Staff Spouse
- ❑ Current Faculty or Staff Dependent
- ❑ Member
- ❑ Current Faculty or Staff Spouse
- ❑ Current Faculty or Staff Dependent
- ❑ Current Faculty or Staff Dependent

Physician and/or Clinic: _____ Phone: _____

Emergency Contact: _____ Phone: _____
first last

Please answer the 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 AND 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:

(if you answer yes please explain below and list any medications related)

YES	NO	Angina/Chest Pain	_____
YES	NO	Abnormal Heartbeat	_____
YES	NO	Heart Attack	_____
YES	NO	Angioplasty	_____
YES	NO	Epilepsy	_____
YES	NO	Heart Surgery	_____
YES	NO	Stroke	_____
YES	NO	High Blood Pressure	_____
YES	NO	Diabetes	_____
YES	NO	Asthma/Breathing problems	_____
YES	NO	Do you Smoke?	_____

Please list any medications NOT already listed:

_____

_____

Are there any 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 Athletics Center I, the under-signed, 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 that 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 Court, 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 WAC Rules and Regulations. I have been given an opportunity to ask questions and feel that I understand what I expected of me as a WAC member. I also acknowledge that failure to comply with these policies may result in loss of WAC privileges.

Member/Guest Signature: _____ Date: _____

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

Staff Signature: _____ Date: _____