

BROWARD STUDENT WELLNESS CENTER MEMBERSHIP/GUEST APPLICATION

PLEASE COMPLETE LEGIBLY IN INK!

Staff Use Only:

Personal Information

First and Last Name: _____ FAU Z# _____
 Date of Birth _____ Age _____ Gender M F
 Primary Phone _____ Secondary Phone _____
 Address _____
 City _____ State _____ Zip _____
 E-mail (FAU preferred) _____

Please check here if you *do not* wish to receive Wellness Center email updates. _____

Note: Updates are usually sent once per month with important facility or program related information.

Do you have any reasonable requests for disability accommodations? _____

Emergency Contact Information

First and Last Name _____ Phone _____

Membership/Guest Categories and Rate Options

*Check off your category and rate choice. You must provide proof of membership/guest category. **With the exception of FAU students only, all members and/or guests must be 18 years of age.***

CATEGORIES	SEMESTER FEE <i>Expires: _____</i>	ANNUAL FEE <i>Expires 1 year after date paid.</i>
<input type="checkbox"/> STUDENT	<input type="checkbox"/> No fee	Not Available
<input type="checkbox"/> FACULTY/STAFF	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$90.00
<input type="checkbox"/> STOP OUT STUDENT	<input type="checkbox"/> \$25.00	Not Available
<input type="checkbox"/> ALUMNI/RETIREE	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$120.00
<input type="checkbox"/> HOUSEHOLD	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$150.00
<input type="checkbox"/> BCC/UF Ext.	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$150.00
<input type="checkbox"/> GUEST <i>Sponsoring member: (Name) _____</i> <i>(Signature) _____</i>	<input type="checkbox"/> First day guest pass no charge <input type="checkbox"/> Additional days \$5.00 each visit	

Staff Use Only:

- Gave Fee Memo/Fee Memo Not Needed
- Enrollment Verified, Expiration Date _____

Physical Activity Readiness Questionnaire (PAR-Q)

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 in the box 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. **Check YES or NO**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions:

Your physician must complete our medical release form prior to using our facilities and programs.

With your physician's approval you may be able to do any activity you want as long as you begin slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

Staff Use Only:

Gave Medical Consent

If you answered NO honestly to all PAR-Q questions, you can reasonable sure that you can:

Start becoming more physically active-begin slowly and build up gradually. This is the safest and easiest way to go.

Delay becoming more active if:

If you are not feeling well because of temporary illness such as cold or a fever-wait until you feel better.

If you are or think you may be pregnant- talk to your doctor before you start becoming more active.

I have read and understood and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

Print Name

Signature

Date

Informed Consent to Exercise and Release of Liability

Participant Name (please print) _____

PLEASE READ CAREFULLY - By signing this document you are waiving certain legal rights, including the right to sue.

I wish to become a member/guest of the FAU Student Wellness Center (the Center) so that I may use the Center’s facilities without direct supervision, and participate in programs of my choosing that are offered by the Center.

Awareness of Risk

- I acknowledge that the Center does not supervise my use and participation and that there are risks associated with participation in any physical training, exercise, sports, or activity programs.
- I acknowledge that the risks associated with my participation may include the risk of physical injury, illness, loss of life, or property damage.
- I am aware of and I understand the risks associated with my use of the facilities, or participation in a program, including the risk of personal injury, and I freely accept these risks.
- I understand that I am free to withdraw from or reduce my participation in the Center or any programs offered by the Center at any time.
- I acknowledge that facility staff may limit my access to the facilities or programs offered in the event of any misuse of the facilities or misconduct on my part.
- I agree to comply with the terms of the Broward Wellness Center Handbook which is available at the Wellness Center.
- I have completed an FAU Student Wellness Center Membership/Guest Application and I confirm that the answers I have given are correct. I understand the form and any questions I had were answered to my full satisfaction.
- I am not aware of any medical condition that would affect my ability to participate in unsupervised activity or any programs offered by the Center that I choose to participate in.
- If I have any concerns about my medical condition, I will consult with my physician before beginning an exercise program or participating in Center offered programs.
- If the Center requires that I obtain medical clearance as a condition of use and/or participation, I agree to consult my physician and obtain written permission from my physician prior to commencement of any exercise at the Center, or participation in any programs offered by the Center.
- I agree that the health data, participation data, or other non-personally identifiable information I provide to the Center may be used for research or statistical purposes.

Release and Waiver

In consideration of allowing my use and participation at the Center, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, **covenant not to sue**, and hereby **waive, release and discharge** the Center, Florida Atlantic University, the Florida Atlantic University Board of Trustees, the State of Florida, and all of their trustees, agents, officers, employees, volunteers, and anyone acting for or on their behalf (Releasees), from **any and all claims of any kind** for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my use of the Center or participation in any programs offered by the Center, **whether caused by my action or negligence or the action or negligence of Releasees or third parties**. This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care.

This document shall be construed pursuant to the laws of the State of Florida. I am at least 18 years of age. If an FAU student less than 18 years of age, parent/guardian consent is required.

Signature of participant

Or parent/guardian if participant is an FAU student under 18 years of age

Date

If signed by parent or guardian, print name

Signature of staff

Date

Staff Use Only:

- Showed photo ID*
- Used gym*

- Needs to show ID next visit*
- Did not use gym*