

HIGHLINE COMMUNITY COLLEGE

FITNESS CENTER

Registration Form

Student/Employee ID --
(CWU users; include a "0", and then your 8 number ID)

Last Name _____ First Name _____

Registration Date //

Gender: Male Female

Birth date //

Check one of the following: HCC student HCC faculty/staff

CWU student CWU faculty/staff Kaplan

Emergency Contact;

Name _____

Relationship _____

Phone number --

Fitness Center Rules;

- Only current Highline/CWU students/faculty/staff may use the Fitness Center.
- All users must complete a Fitness Center registration form.
- All users must log-in and log-out at the front desk.
- Only those logged-in and working out are allowed in the Fitness Center.
- All users must be dressed in work out attire (see dress code rules).
- No food or drink (except water) is allowed in the Fitness Center.
- Wipe down equipment when finished.
- Return dumbbells and plates to racks when finished.
- Do not move or misuse equipment.
- Users who do not follow above rules will be asked to leave the Fitness Center.

HIGHLINE COMMUNITY COLLEGE

FITNESS CENTER

Physical Activity Readiness Questionnaire (PAR-Q)

Participant's Name (Print Clearly)	
Class	
Quarter/Year	

PAR-Q is a series of questions you should ask yourself before participating in physical activity. Please read each question carefully and check the correct answer opposite the question if it applies to you.

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

Although HCC encourages each student to consult with a physician before starting an exercise program, the College *strongly* encourages those students who answered yes to one or more of the above questions to consult a physician before participating in any physical activity. PAR-Q is not a substitute for consultation with a medical professional nor do the above questions exhaustively identify all medical conditions that could adversely affect participation in a physical activity. The College encourages those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. The College also recommends that all participants have a medical insurance policy, either through college offered programs or through an outside agency that will cover injuries or illness that may occur due to participation in or use of programs, services, facilities, and equipment.

HIGHLINE COMMUNITY COLLEGE FITNESS CENTER
ASSUMPTION OF RISK AND RELEASE OF LIABILITY
PLEASE READ BEFORE SIGNING!

Assumption of Risk

In consideration for being allowed to utilize the programs, services, facilities, and equipment available at Highline Community College (HCC)'s Fitness Center, **I voluntarily agree to assume all risks involved in participating in or using the programs, services, facilities, and equipment of the Fitness Center.** I understand that supervision by HCC staff may not be provided, and by participating in or using the programs, services, facilities, and equipment of the Fitness Center, **I expose myself to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck, or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning, or death.** I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in or use of the programs, services, facilities, and equipment of the Fitness Center that cannot be specifically listed. Further, I recognize that the actions of other users of the may cause harm or loss to my person or property.

Release of Liability

I release HCC, and the employees, agents, or representatives of HCC (hereafter referred to as the COLLEGE GROUP) from any and all liability, claims, costs, expenses, injuries, or losses including those resulting from acts of negligence by the COLLEGE GROUP that I may otherwise sustain as a result of my participation in or use of the programs, services, facilities, and equipment of the Fitness Center. I also release the COLLEGE GROUP from loss or damage to my person or property caused by other users of the Fitness Center.

If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between the COLLEGE GROUP and myself and I sign it of my own free will.

Signature: _____ Date: _____

Name (Please Print): _____

***If the above is a minor (under 18), the minor's parent or guardian shall sign below.**

Signature: _____ Date: _____

Name: (Please Print) _____

NOTE: We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy, either through college offered programs or through an outside agency that will cover injuries or illness that may occur due to participation in or use of programs, services, facilities, and equipment.