

**HARTNELL COMMUNITY COLLEGE
FITNESS CENTER**

FORM I

**PARTICIPATION CONSENT FORM
WAIVER RELEASE AND INDEMNITY AGREEMENT**

The facilities and instruction offered by the Hartnell Community College Fitness Center have been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health and safety of those who utilize the facilities or participate in the Center's activities. Because of the nature of the program made available in the Center and the equipment which is an integral part of many of the activities, there is an inherent risk of injury which characterizes any exercise activity.

In consideration of the above factors, the undersigned participant acknowledges the existence of risks in connection with these activities, assumes such risks and agrees to accept the responsibility for any injuries sustained by him/her in the facilities and/or the equipment.

For and consideration of permitting _____ (Client/Student) to enroll in and participate in THE HARTNELL COMMUNITY COLLEGE FITNESS CENTER and class instruction of STRENGTH CONDITIONING LAB given by Hartnell Community College, at Hartnell Community College in the City of Salinas, County of Monterey, and State of California, beginning on the _____ day Of _____, 200_____, the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions of causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental there to wherever or however the same may occur and for whatever period said activities or instructions may continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assignees hereby release, waive, discharge and relinquish any action or causes of action aforesaid, which may hereafter arise for him/herself and his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assignees prosecute, present any claim for personal injury property damage or wrongful death against Hartnell Community College or any of its officers, agents or employees for any said causes of action, whether the same shall arise by the negligence of any said person, or otherwise. IT IS THE INTENTION OF _____ (CLIENT/STUDENT) BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE HARTNELL COMMUNITY COLLEGE FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against Hartnell Community College he/she shall indemnify and save harmless the same Hartnell Community College for any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned acknowledge that he/she has read the **WAIVER OF LIABILITY NOTICE** and the above forgoing paragraphs has been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of the **WELLNESS AND FITNESS LABORATORY** and is fully aware of the legal consequences of signing with within instrument.

Client Student Signature _____

Date _____

Client/Student ID Number _____

Parent or Guardian Signature (Only if student is under 18 years of age) _____

Witness _____

***This Form Is To Be Completed And Returned Before Student Takes Part In Any Hartnell Community College Lifestyle Fitness Center Activity.**

PAR – Q & YOU

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 eight questions in the box below. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Circle YES or NO.

| | | |
|-----|----|--|
| Yes | No | 1. Has your doctor ever said that you have a heart condition AND that you should only do physical activity recommended by a doctor? |
| Yes | No | 2. Do you feel pain in your chest when you do physical activity? |
| Yes | No | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| Yes | No | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| Yes | No | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| Yes | No | 6. Is your doctor currently prescribing drugs for your blood pressure or heart condition? |
| Yes | No | 7. Are you over 69 years of age and not used to being very active? |
| Yes | No | 8. Do you know of ANY OTHER REASON why you should not do physical activity? |

If you answered YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- * You may be able to do any activity you want-as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- * Find out which community programs are safe and helpful for you.

If you answered NO to all questions

If you answered No honestly to all Par-Q questions, you can be reasonably sure that you can:

- * Start becoming much more physically active-begin slowly & build up gradually. This is the safest & easiest way to go.
- * Take part in a fitness appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

DELAY BECOMING MUCH MORE ACTIVE:

- * If you are not feeling well because of a temporary illness such as a cold or a fever- Wait until you feel better; or
- * If you are or may be pregnant-talk to your doctor before you start becoming more active.

(Please Note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.)

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

Print Name: _____

Signature: _____ **Date:** _____

Signature of Parent or Guardian (For participants under the age 18) _____ **Witness:** _____

**HARTNELL COMMUNITY COLLEGE
FITNESS CENTER**

FORM II-A

Health Status Questionnaire

Instructions

Complete each question accurately. All information provided is confidential and is for instructors use only (for setting up programs). *Should you choose not to fill out all or part of this form, you will need to sign a waiver form and submit it to instructor.*

PART 1 Information about the individual

Client/Student ID# _____ Date _____

Legal Name _____ Nickname _____

Mailing Address _____ Home Phone _____

_____ Bus. Phone _____

***Personal Physician** _____ **Phone** _____

***Address** _____

***Contact in case of Emergency** _____ **Phone** _____

Gender (Circle one): Female Male (**RF**)

RF Date of Birth: _____

Number of hours worked per week: less than 20 20 - 40 41 - 60 Over 60

SLA More than 25% of time spent on the job (Circle all that apply)

Sitting at desk Lifting or carrying loads Standing Walking Driving

PART 2 Medical History - Should you choose not to fill out all or part of this form, you will need to sign a waiver form and submit it to instructor.

1. **RF** Circle any who died of heart attack before age 50.

Father Mother Brother Sister Grandparent None

2. Date of

Last medical physical exam: (year) _____

Last physical fitness test: (year) _____

3. Circle operations you have had:

Back **SLA** Heart **MC** Kidney **SLA** Eyes **SLA** Joint **SLA** Neck **SLA** **NONE** _____

Ears **SLA** Hernia **SLA** Lung **SLA** Other: _____

4. Please circle any of the following for which you have been diagnosed or treated by a physician or health professional:

| | | | | | |
|---------------------|------------|--------------------------|------------|--------------------------------|------------|
| Alcoholism | SEP | Diabetes | SEP | Kidney Problem | MC |
| Anemia, Sickle Cell | SEP | Emphysema | SEP | Mental Illness | SEP |
| Anemia, other | SEP | Epilepsy | SEP | Neck Strain | SLA |
| Asthma | SEP | Eye Problems | SLA | Obesity | RF |
| Back Strain | SLA | Gout | SLA | Phlebitis | MC |
| Bleeding Trait | SEP | Hearing Loss | SLA | Rheumatoid Arthritis | SLA |
| Bronchitis, Chronic | SEP | Heart Problem | MC | Stroke | MC |
| Cancer | SEP | High Blood Pressure | RF | Thyroid Problem | SEP |
| Cirrhosis, Liver | MC | Hypoglycemia | SEP | Ulcer | SEP |
| Concussion | MC | Hyperlipidemia | RF | Other | _____ |
| Congenital Defect | SEP | Infectious Mononucleosis | MC | NONE OF THE ABOVE _____ | |

Name _____
Print Last First

FORM II-B

5. Circle all medicine taken in last 6 months:

| | | | | | |
|---------------|------------|--------------------------------|------------|--------------------------|-----------|
| Blood Thinner | <i>MC</i> | Epilepsy Medicine | <i>SEP</i> | Nitroglycerin | <i>MC</i> |
| Diabetic Pill | <i>SEP</i> | Heart-rhythm medication | <i>MC</i> | Other | _____ |
| Digitalis | <i>MC</i> | High Blood Pressure Medication | <i>SEP</i> | | |
| Diuretic | <i>MC</i> | Insulin | <i>MC</i> | <i>NONE OF THE ABOVE</i> | _____ |

6. Any of these health symptoms that occurs frequently is the basis for medical attention. **Circle** the number indicating how often you have each of the following:

| | |
|------------------|-----------------------|
| 5 = Very often | 2 = Infrequently |
| 4 = Fairly often | 1 = Practically never |
| 3 = Sometimes | 0 = Never happened |

| | | | | |
|-------------------------|------------|------------------------------------|-----------|-----------|
| A) Cough up blood | <i>MC</i> | F) Chest pain | <i>RF</i> | <i>MC</i> |
| 0 1 2 3 4 5 | | 0 1 2 3 4 5 | | |
| B) Abdominal Pain | <i>MC</i> | G) Swollen joints | <i>MC</i> | |
| 0 1 2 3 4 5 | | 0 1 2 3 4 5 | | |
| C) Low Back Pain | <i>SLA</i> | H) Feel faint | <i>MC</i> | |
| 0 1 2 3 4 5 | | 0 1 2 3 4 5 | | |
| D) Leg Pain | <i>MC</i> | I) Dizziness | <i>MC</i> | |
| 0 1 2 3 4 5 | | 0 1 2 3 4 5 | | |
| E) Arm or shoulder pain | <i>MC</i> | J) Breathless with slight exertion | <i>MC</i> | |
| 0 1 2 3 4 5 | | 0 1 2 3 4 5 | | |

PART 3 Health –related behavior

7. **RF** Do you smoke? Yes No
8. If you are a smoker, indicate number smoked per day:
Cigarettes: 40 or more 20 - 39 10 - 19 1 - 9
Cigars or pipes only: 5 or more or any inhaled Less than 5, none inhaled
9. **RF** Do you exercise regularly?
10. How many days per week do you normally spend at least 20 minutes in moderate to strenuous exercise:
0 1 2 3 4 5 6 7 days per week
11. Can you walk 4 miles briskly without fatigue? Yes No
12. Can you jog 3 miles continuously at a moderate pace without discomfort? Yes No
13. Weight now: _____lb. One year ago _____lb. Age 21: _____lb.

PART 4 Health –related attitudes

14. **RF** These are traits that have been associated with coronary-prone behavior. Circle the number that corresponds to how you feel:

| | |
|----------------------|-------------------------|
| 6 = Strongly agree | 3 = Slightly disagree |
| 5 = Moderately agree | 2 = Moderately disagree |
| 4 = Slightly agree | 1 = Strongly disagree |

I am an impatient, time-conscious, hard-driving individual.

1 2 3 4 5 6

15. List everything not already included on this questionnaire that might cause you problems in a fitness test or fitness program: Pregnancy/etc. (On Backside of this sheet)