



# MEMBERSHIP APPLICATION

University Affiliation - \_\_\_\_\_

If contractor- for who? \_\_\_\_\_

6 Digit Empl ID - \_\_\_\_\_

8 Digit UR ID - \_\_\_\_\_



First Name - \_\_\_\_\_

Last Name - \_\_\_\_\_

Department - \_\_\_\_\_

Home Address - \_\_\_\_\_



City- \_\_\_\_\_

State - \_\_\_\_\_

Zip Code - \_\_\_\_\_



Cell Phone - \_\_\_\_\_

Work Phone - \_\_\_\_\_

Email - \_\_\_\_\_



Gender - \_\_\_\_\_

How did you find info on the gym? - \_\_\_\_\_



Interested in sports leagues? -  **soccer**  **softball**  **volleyball**  **golf**

Interested in weight loss programs? -  yes



Emergency Contact \_\_\_\_\_

phone \_\_\_\_\_

Physical Activity Readiness Questionnaire (PAR-Q)

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether is it necessary for you to seek further advise from your doctor before becoming more physically active. Please read the following questions carefully and answer honestly.

YES  NO  Has your doctor ever said you have a heart condition \_\_\_\_ OR high blood pressure \_\_\_\_ ?

YES  NO  Have you ever been diagnosed with another chronic medical condition? \_\_\_\_\_

YES  NO  Do you feel pain in your chest at rest, during your daily activities OR when you do physical activity?

YES  NO  Do you lose your balance because of dizziness OR have you lost consciousness in the last 12 months?

YES  NO  Are you currently taking any prescribed medications for a chronic medical condition?

If yes, list medications here \_\_\_\_\_

YES  NO  Do you currently have (< 12 months) a bone, joint or soft tissue problem that could be made worse by physical activity?

YES  NO  Has your doctor ever said that you should only do medically supervised physical activity?

If you answered YES to any of these questions:

- Talk to your doctor BEFORE you become more physically active. Tell your doctor about the PAR-Q questions that were a YES.
- Please initial to indicate that you have received authorization to exercise from your doctor \_\_\_\_\_

Fitness Center Membership Agreement

In consideration of being granted membership to and the right to use the facilities at the URM Fitness Center, I hereby:

1. Agree to make myself familiar and comply with all rules and regulations of The Center, and to make myself aware of any changes. I understand that The Center has the right to terminate my membership if I fail to comply, or if I fail to follow the instructions of The Center’s personnel. I understand that in the event of such termination, membership fees will not be refunded.
2. Agree that prior to participating, I will obtain instruction in the safe use of equipment and will inspect the equipment and facilities for dangerous conditions. I further agree that I will not participate in any activity or use equipment that I believe to be beyond my capabilities, and that I will report any dangerous or unsafe equipment to The Center’s personnel.
3. Understand that I will be engaging in activities that involve the risk of serious injury, including permanent disability and death, which might result not only from my own action or inaction, but also from the action or inaction of others, the rules of play, or the condition of premises or equipment. I acknowledge that there may be other risks not known to me or foreseeable.
4. Affirm that I am in good health and able to use the equipment provided and participate in the activities sponsored by The Center. I understand that it is my responsibility to consult with a physician prior to executing this release regarding any past or present illness or condition affecting my ability to participate in programs sponsored by The Center and to restrict my participation in accordance with my physician’s recommendations.
5. Understand that under no circumstances am I entitled to a refund of monies paid for membership, rentals, services and programs.
6. Grant permission, in the event of an injury, to have a doctor, nurse, athletic staff, or medical emergency personnel provide me with emergency medical treatment and agree that I will bear any costs associated with such treatment.
7. Release, waive, discharge, and covenant not to sue the University of Rochester, its employees, instructors, trainers, or agents for any and all claims, demands, losses, or damages on account of injury, including permanent disability and death, or damage to property caused or alleged to be caused, in whole or in part by the negligence of the releasers or otherwise.
8. Understand that granting anyone else access to the Fitness Center can result in suspension or termination of membership.

I HAVE READ THE ABOVE AGREEMENT, INCLUDING THE WAIVER AND RELEASE, AND UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING BELOW AND AFFIRM THAT I **DO SO** VOLUNTARILY.

\_\_\_\_\_

Print name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



**Date**

**Expires**

**Cycle**

**Locker**

**Amount**

**Initials**

**Notes**

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