

LMC Wellness Center Orientation Agreement

Last Name _____ First Name _____ Middle Initial _____ Course _____
 LMC ID # Sex Date of Birth

Address: _____
 City _____ State _____ Apt. _____
 Zip _____

Email Address _____ Phone _____
 Second Phone _____

EMERGENCY CONTACT

Name _____ Phone _____
 Relationship _____ Second Phone _____

Waiver/Release/Hold Harmless Agreement

I have been informed of, understand, and am aware that strength, flexibility, and aerobic exercise including the use of equipment, is potentially hazardous activity. I also have been informed of, understand, and am aware that fitness activities involve a risk of injury, including death or serious disability, and that I am voluntarily participating in these activities. I hereby waive, and release and hold harmless Lake Michigan Community College, and the employees, agents, and trustees and director of each, from any act of negligence or failure to act that may result in an injury to me except gross negligence or intentional infliction of injury. I specifically acknowledge that I have read carefully and fully understand this agreement and that I make it freely. I also certify that I am in good physical condition and am freely able to participate in an exercise program.

_____ (Print Name) _____ (Signature) ____/____/____ (Date)

For those under the age of 18:

_____ Print Name(Parent/Guardian) _____ Signature (Parent/Guardian) ____/____/____ (Date)

The Wellness Center Staff strongly suggests that before starting an exercise program you have a physical by a physician and discuss with him/her your exercise intentions.

I acknowledge that I have completed the online orientation.

_____ Participant Signature ____/____/____ Date

LMC WELLNESS CENTER
PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Regular physical activity is fun and healthy. 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.

Common sense is your best guide for answering these few questions. Please read them carefully and answer each one honestly and circle *YES* or *NO* as they apply to you.

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 a heart condition or blood pressure?
Yes No	7. Do you know of any other reason why you should not increase your physical activity?
Yes No	8. Are you over 69 years of age and not accustomed to being very active?

<p>IF YOU ANSWERED YES TO ONE OR MORE QUESTIONS</p>	<ul style="list-style-type: none"> • Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness assessment. Tell you 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. • If you plan to participate in the LMC Wellness Center, please bring a completed Physician's Clearance form or note from your doctor stating that you can workout.
<p>IF YOU ANSWERED NO TO ALL QUESTIONS</p>	<ul style="list-style-type: none"> • The College would recommend a medical doctor's approval before entering into an exercise program. • You can start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go. • You can 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.
<p>DELAY BECOMING MUCH MORE ACTIVE</p>	<ul style="list-style-type: none"> • 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.

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

Printed Name _____

Date _____

Signature of Participant (or Guardian for participants under age 18.) _____

All information provided on this form is private and will be used only for purposes of preparing an individual's health program.

Completed forms will be kept in a confidential file in the Wellness Center office.



Waiver of Physician Clearance

I agree to abide by the rules of the Wellness Center, including the completion of the PARQ.

I agree that all use of the Wellness Center facilities, services and programs shall be undertaken at my sole risk and Lake Michigan College shall not be liable for any injuries, accidents or deaths occurring to participant, arising either directly or indirectly out of utilizing the Wellness Center facilities, services and programs. The participant, for myself and on behalf of my executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue Lake Michigan College, it's officers and agents for all such claims, demands, injuries, damages or cause of action, with respect to use of the Wellness Center facilities, programs and services. (Please initial _____)

I declare that I have completed the PARQ as required by the Club and that I declare myself to be physically able to participate in physical activity. Furthermore, I declare that the Wellness Center staff has advised me to obtain a medical clearance in the event I answered "yes" to any of the PARQ questions, or if I am unsure of my physical health and that participant maintains that I am physically capable of pursuing physical activity in the Wellness Center without such steps being taken or has done so. (Please initial _____)

I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I acknowledge that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities and utilization of equipment and machinery in my activities. (Please initial _____)

Participant signature _____ Date _____



Physician's Statement and Clearance Form

At Lake Michigan College, your safety is our primary concern. For that reason, we comply with the health and fitness standards of the American college of Sports Medicine and the International Health, Racquet and Sportsclub Association.

On the Physical Activity Readiness Questionnaire you just completed, you identified that you have one or more coronary and/or other medical risk factors that may impair your ability to exercise safely. For this reason, you need to have a physician complete and return this medical clearance form before you can begin exercising at Lake Michigan College.

We recognize that you are eager to start your fitness program, and we sincerely regret any inconvenience that this may cause you. However, please keep in mind that we want your exercise experience at Lake Michigan College to be as safe as possible.

In order to expedite this process, we will gladly fax this form directly to the physician of your choice. If the doctor is aware of your medical history, he/she may be able to complete this form and fax it right back to us. In many cases, the delay is only one day.

I hereby give my physician permission to release any pertinent medical information from any medical records to the staff at Lake Michigan College. All information will be kept confidential.

Patient's signature _____ Date _____

Information requested for _____
Print Patient's Full Name

Reason for medical clearance _____

Physician's name _____

Phone _____ Fax _____

Address _____

For Physician Use Only:

Please check one of the following statements:

_____ I concur with my patient's participation with no restrictions.

_____ I concur with my patient's participation in an exercise program if he/she restricts activities to: _____

_____ I do not concur with my patient's participation in an exercise program (if checked, the individual will not be allowed to join Lake Michigan College Wellness Center.

Reason _____

Physician's name (type or print) _____

Physician's signature _____ Date _____

Please return to: Dan Meyer, Lake Michigan College Fax: 269-927-6286
Phone 269-927-8100, ext. 5178