

## INFORMED CONSENT AGREEMENT

Thank you for choosing to use the facilities, services, and programs of the TMCC Fitness Center, Truckee Meadows Community College. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, \_\_\_\_\_, declare that I intend to use some of or all of the activities, facilities, programs, and services offered by TMCC Fitness Center, and I understand that each person (myself included), has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health, (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I further understand that the activities, programs, and services offered by TMCC Fitness Center are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by participating in the activities, facilities, programs, and services offered by TMCC Fitness Center, I may experience potential health risks including but not limited to transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand that I may ask questions or request further explanation or information about the activities, facilities, programs, and services offered by TMCC Fitness Center at any time before, during, or after my participation.

**GENERAL FACILITY RULES**

1. Patron must be a student, faculty, or staff of TMCC. A membership must be purchased from Accounting Services. Patrons will login every time the facility is used via finger scan. Students enrolled in classes requiring Fitness Center hours, will scan in and out every time. Failure to comply with any TMCC Fitness Center policies will result in the loss of facility privileges.  
*Please initial here: \_\_\_\_\_*
2. All members must complete registration for the fitness center. Registration includes: photo, finger scan, health history form, signed PAR-Q and medical waiver if needed.
3. All members must have a signed PAR-Q on file and medical waiver if needed.
4. Students under the age 18 must have PAR-Q sheet signed by a parent or legal guardian (front & back).
5. Persons under 16 are not allowed in the fitness center.
6. Respect all staff, members and equipment.
7. No smoking or use of tobacco allowed. No alcohol or controlled substances are allowed.
8. No animals are allowed unless assisting a person with a disability.
9. Food is not allowed in the fitness center. Non-alcoholic beverages in plastic containers are acceptable.
10. Lockers not being rented are on a daily first-come, first-serve basis. All locks left overnight will be cut and locker contents removed and placed in lost and found.
11. The fitness center is not responsible for lost or stolen personal belongings.
12. Appropriate attire must be worn at all times (shirt, sweats/tights/shorts, athletic shoes).
13. No cell phones with or without cameras are allowed in fitness center.
14. Members are to replace all equipment after use.
15. Members are to wipe down equipment after use.
16. Aerobic equipment has a 30-minute limit during peak hours.
17. Do not slam weight stacks or drop free weights. Safety clamps must be used on weighted bars.
18. Any rule or safety behavior not stated is left to the judgment of the fitness center staff.

<b>I declare that I have read, understood, and agree to the contents of this Informed Consent Agreement in its entirety.</b>	
Printed Name	
Signature	Date
If 18 or under, Signature of Parent or Guardian	Date

## PAR-Q & YOU -- An age questionnaire for people 16 to 69

Regular physical activity is fun and healthy. Being more active is very safe for most people. However, some should check with their doctors before they start becoming more physically active. If you are planning to become more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 16 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 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.

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

### IF YOU ANSWERED...

Yes to One or More Questions	No to All Questions
<p>Talk to your doctor by phone or in person before you start becoming more physically active or before you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered "Yes".</p> <ul style="list-style-type: none"> <li>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.</li> <li>Find out which community programs are safe and helpful for you.</li> </ul>	<p>If you answered "No" honestly to all questions and you can be reasonably sure that you can:</p> <ul style="list-style-type: none"> <li>Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to progress.</li> <li>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.</li> </ul> <p><b>Delay becoming more active if...</b></p> <ul style="list-style-type: none"> <li>You are not feeling well because of a temporary illness such as a cold or fever – until you feel better, or</li> <li>You are or may be pregnant; talk to your doctor before you start becoming more active.</li> </ul>
<p><b>If your health changes so that you would then answer "Yes" to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.</b></p>	

**Informed use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**Note:** If the PAR-Q is given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

<b>I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.</b>	
Printed Name	
Signature	Date
If 18 or under, Signature of Parent or Guardian	Date

**MEDICAL HISTORY**

Date:

First Name		Last Name	
Address		City	State
Zip Code		Phone Number	
Date of Birth		Select one: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty	
<b>If "Faculty" or "Staff"</b>			
Department		Office Number	Work Phone Number
Emergency Contact Name		Emergency Contact's Relationship to You	Emergency Contact's Phone
<b>Do You Now or Have You Had Any of the Following</b>	<b>Yes or No</b>	<b>Please Explain</b>	
History of heart problems, chest pain or stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any chronic illness or condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physician's advice not to exercise	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Surgery ( <i>in the past 12 months</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pregnant ( <i>now or in the past three months</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No		
History of breathing or lung problems	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Muscle, joint or back disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous injury still affecting you	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Diabetes or thyroid condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cigarette smoking habit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Obesity ( <i>more than 20% over ideal weight</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Immediate family history of heart problems	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hernia ( <i>or other condition that may be aggravated by lifting weights</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Other Health Concerns?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If "Yes", please list concern(s)</b>	
<b>Are you taking medications?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If "Yes", please list medicine(s) and reason(s)</b>	