

**CENTURY COLLEGE FITNESS CENTER  
MEMBER INFORMATION AND HEALTH HISTORY QUESTIONNAIRE**

CENTURY COLLEGE ID# \_\_\_\_\_ SEMESTER \_\_\_\_\_

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMERGENGY CONTACT PERSON \_\_\_\_\_ PHONE: \_\_\_\_\_

	YES	NO	EXPLAIN
Has your doctor ever said you have heart trouble?			
Do you suffer from pains in your chest?			
Are you currently taking any medication for your blood pressure or heart condition?			
Do you have a bone or joint problem that could be made worse by a change in your activity?			
Do you often feel faint or have spells of severe dizziness?			
Are you over 65 and not accustomed to vigorous exercise?			

<b>FAMILY HISTORY</b>	YES	NO	EXPLAIN
Has anyone in your family (under 50 years old) died due to heart problems?			
Does anyone in your family have high blood pressure?			
Has anyone in your family suffered from a stroke?			
Do you have a family history of diabetes?			

<b>GENERAL HEALTH</b>	YES	NO	EXPLAIN
Do you currently exercise on a regular basis?			
Do you ever have an uncomfortable shortness of breath during activity?			
Do you smoke? If so, how many packs per day?			
Women: Are you pregnant?			
Have you recently had any surgery?			
Have you ever fractured or broken a bone?			
Do you have back problems?			

Have you ever been treated for back problems?			
Do you have knee problems?			
Have you ever been treated for knee problems?			
Have you had a physical from your doctor in the past year?			
Is there any medical or other reason not mentioned above that may restrict the amount of exercise you may do?			

<b>Current/Past Conditions:</b> Please check any of the conditions you have	<b>PAST</b>	<b>PRESENT</b>	
Heart Problems			
High Blood Pressure			
Lung/Breathing problems			
Thyroid Problems			
Hypoglycemic			
Seizures			
Concussion			
Hernias			
Allergies			
Coronary By-Pass			
Stroke			
Asthma			
Diabetes			
Arthritis			
Kidney Problems			
Anemia			
Cancer			
Gout			
Any other problems? (please specify)			

## **FITNESS CENTER RULES**

1. Century College I.D. required to use the Fitness Center. A health history and waiver must be completed before your first workout. Alumni can go to the records office to obtain their former Century College I.D. number.
2. Check in and check out at the front desk before using the fitness center.
3. Personal belongings are not allowed in the fitness center. Please use the locker rooms or cubbies in the cardio room. No exceptions.
4. Proper workout attire is required, i.e., t-shirts, sweatshirts, shorts, athletic pants, TENNIS SHOES. Clothes & shoes must be clean. You will not be allowed to use the fitness center in street clothes.
  - No denim shorts or jeans
  - Shirt must cover the torso. No sports bras or cutoff shirts that allow skin to come into contact with equipment.
  - No open - toed shoes. Must have athletic shoes.
  - No belts or loose fitting jewelry
  - No ball caps or stocking hats
5. Wipe down all equipment after use. Do not spray cleaner directly on consoles. Paper towels are provided for cleaning the equipment only. Please bring a towel for personal use.
6. Please re – rack weight plates and return equipment to its proper place. Failure to do so will result in immediate loss of fitness center privileges.
7. Be respectful and courteous to others. Do not monopolize equipment - allow others to work – in.
8. No inappropriate language, grunting, or loud noises.
9. No loitering.
10. No food or drink allowed in the fitness center. Only water in plastic bottles with lids allowed in fitness center.
11. Use spotters and weight clamps when utilizing the free weights. Please do not drop weights on the floor.
12. STOP immediately if you feel pain while working out. Please report all injuries to the fitness center supervisor immediately.
13. Report all broken equipment to the fitness center supervisor immediately.
14. A variety of music is played to accommodate all individuals.
15. Any open cuts or abrasions must be covered. See the lab assistant immediately if bodily fluids come into contact with equipment or facilities.

I, \_\_\_\_\_ understand that failure to comply with above rules may result in removal of fitness center privileges and referral to the student discipline officer.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FITNESS CENTER WAIVER OF CLAIMS, RELEASE FROM LIABILITY, & MEDICAL RELEASE**

NAME \_\_\_\_\_

(PRINT CLEARLY)

STUDENT \_\_\_\_\_ CENTURY ID# \_\_\_\_\_

STAFF/FACULTY \_\_\_\_\_ DEPARTMENT OF EMPLOYMENT \_\_\_\_\_

**RELEASE:** THE UNDERSIGNED, IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN THE CENTURY COLLEGE FITNESS CENTER FOR EDUCATIONAL/RECREATIONAL PURPOSES, DOES HERBY EXPRESSLY AND IRREVOCABLY, PERSONALLY AND FOR HIS OR HER HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS AND LEGAL REPRESENTATIVES, RELEASE AND WAIVE ANY AND ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION FOR THE LOSS OF OR DAMAGE TO PROPERTY AND/OR BODILY INJURY OR DEATH RESULTING FROM, ARISING OUT OF OR CONNECTED IN ANY WAY WITH THE AFOREMENTIONED COURSE OF ACTIVITY AND ALLEGEDLY ARISING OUT OF THE NEGLIGENCE OF THE STATE OF MINNESOTA, THE COMMUNITY COLLEGE, THEIR REPRESENTATIVES, OFFICERS, AGENTS, OR EMPLOYEES.

**HOLD HARMLESS/INDEMNITY:** THE UNDERSIGNED COVENANTS NOT TO CAUSE ANY ACTION AT LAW OR IN EQUITY TO BE BROUGHT OR PERMIT SUCH TO BE BROUGHT AGAINST ANY OF THE AFORESAID PARTIES ON HIS OR HER BEHALF, EITHER DIRECTLY OR INDIRECTLY, ON ACCOUNT OF LOSS OF OR DAMAGE TO PROPERTY AND/OR BODILY INJURY OR DEATH, RESULTING FROM, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE AFOREMENTIONED COURSE OR ACTIVITY AND ALLEGEDLY ARISING OUT OF THE NEGLIGENCE OF ANY OF THE AFORESAID PARTIES. THE UNDERSIGNED FURTHER AGREES TO SAVE, INDEMNIFY, HOLD HARMLESS AND DEFEND AT THIS OR HER SOLE EXPENSE ANY AND ALL OF THE AFOREMENTIONED COURSE OR ACTIVITY, INCLUDING ANY INCIDENT, INJURY, LOSS, OR DAMAGE THAT MIGHT OCCUR AT ANY PLACE IN CONNECTION THEREWITH.

**ASSUMPTION OF RISK:** THE UNDERSIGNED STATES AND AFFIRMS, PERSONALLY AND FOR HIS OR HER HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS AND LEGAL REPRESENTATIVE, THAT HE OR SHE IS AWARE OF THE FACT THAT THE AFOREMENTIONED COURSE OR ACTIVITY, EVEN UNDER THE SAFEST CONDITIONS POSSIBLE, MAY BE HAZARDOUS AND THAT THE PARTICIPATION SHALL BE UNDERTAKEN BY THE UNDERSIGNED AT THE UNDERSIGNED'S SOLE RISK. RISKS INCLUDE BUT NOT LIMITED TO THE FOLLOWING.

DEATH, FRACTURES, BACK INJURIES, HEAD INJURIES, EYE INJURIES, FACE INJURIES, INJURIES TO HANDS, FEET, ARMS AND LEGS, SPRAIN CONTUSIONS, INJURIES TO FINGERS AND TOES, ABDOMINAL INJURIES, NECK INJURIES, INJURIES, INJURIES RESULTING FROM PUNCHES BLOWS AND KICKS, AND INJURIES FROM FALLS AND THROWS.

**MEDICAL RELEASE:** THE UNDERSIGNED CONSENTS TO RECEIVE MEDICAL TREATMENT THAT MAY BE DEEMED ADVISABLE IN THE EVENT OF INJURY, ACCIDENT, OR ILLNESS DURING MY PARTICIPATION. THIS RELEASE, INDEMNIFICATION, AND WAIVER SHALL BE CONSTRUED TO PROVIDE A RELEASE, INDEMNIFICATION, AND WAIVER TO THE MAXIMUM EXTENT PERMISSIBLE UNDER LAW.

THE UNDERSIGNED FURTHER STATES AND AFFIRMS THAT HE OR SHE IS OF LEGAL AGE, IS A CURRENT STUDENT OR EMPLOYEE OF CENTURY COLLEGE, AND IS COMPETENT TO SIGN THIS WAIVER OF CLAIMS AND RELEASE FROM LIABILITY, AND THAT HE OR SHE HAS READ AND UNDERSTANDS ALL OF THE PROVISIONS HEREIN CONTAINED.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

