



Office Use Only

Consent Form Signed PAR-Q Signed

Payment Method: Cash Credit Card

Check # _____ Money Order Staff/Comp.

Membership Type: _____

MEMBERSHIP APPLICATION FORM

DATE: _____

Member Information

Last Name: _____ First Name: _____

Email Address: _____ Phone: _____ DOB: _____

Home Address: _____ City/State/Zip: _____

Emergency Contact: _____ Phone: _____ Relation: _____

Member Type New Member Renewal

Tenured/Tenured Track Faculty Adjunct/Regular/C2 Contingent 1 Affiliate Community

Membership candidates must provide proof of membership category, i.e. CSU Eagle card, Alumni Association card, USM Employee or Student ID, at time of purchase.

Member Agreement

I, _____, HEREBY UNDERSTAND THAT THIS AGREEMENT MADE BETWEEN MYSELF AND THE WELLNESS CENTER IS NON-TRANSFERABLE AND NON-REFUNDABLE. I understand that the Wellness Center may close at specified times throughout the year in co-ordinance with Coppin State University. I understand that my membership privileges are subject to suspension or cancellation due to inappropriate behavior, as determined by the Wellness Center at Coppin State University policies and procedures. I understand that I must inform the Wellness Center of any changes in my membership classification, at any time that such changes occur (i.e. no longer employed by CSU or USM). I will be responsible for all charges/payments that occur prior to notifying the Membership Office of changes to my membership type. I hereby consent to the above terms by signing this authorization.

Member Signature _____ Date _____

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Membership Start Date: _____ Membership End Date: _____

I.D. Number: _____



Wellness Center Informed Consent Statement

In consideration of Coppin State University's acceptance of my participation in the Wellness Center, including the use of the Wellness Center's facilities and equipment, I, for myself, my heirs, personal representative(s) and assigns hereby represent and agree as follows:

1. I understand participation in that the Wellness Center is not part of the academic curriculum or job requirements of the University and are completely voluntary on my part.
2. I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Wellness Center, including but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, other bodily injuries, heat prostration, blindness, deafness, drowning, heart attacks, temporary or permanent disabilities, paralysis and, even death.
3. I understand that various Wellness Center courses require a minimum level of fitness for safe participation. **I further understand that Coppin State University does not provide medical, health or other insurance for participants in the Wellness Center programs.**
4. Knowing the dangers, hazards and risks associated with participation in the Wellness Center programs, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to my person or property in any way associated with my participation in the Wellness Center programs.
5. I agree to abide by all rules and regulations applicable to participation in the Wellness Center programs.
6. To the fullest extent permitted by law, **I voluntarily assume all responsibility and risk** of loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the Wellness Center program or use of the Center equipment or facilities, whether due to the negligence, default or other action or inaction of any person or entity.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OR ITS SIGNIFICANCE.

Name of Participant (Please Print)

Date

Signature of Participant

Date



PAR-Q - Physical Activity Readiness Questionnaire

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 seven questions in the box below. If you are between the ages of 18 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 you are 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.

- Yes** **No** 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** Do you feel pain in your chest when you do physical activity?
- Yes** **No** In the past month, have you had chest pain when you were not doing physical activity?
- Yes** **No** Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes** **No** Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes** **No** Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes** **No** Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions:

Your physician must complete our medical release form prior to using our facilities and programs. With your physician's approval you may be able to do any activity you want as long as you begin slowly and build up gradually. Or, you may need to restrict your activities to those that 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 answered NO honestly to all PAR-Q questions, you can reasonably be sure that you can:

Start becoming more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.

Delay becoming more active if:

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

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

SIGNATURE

PRINT NAME

DATE