

UMass Boston Athletics Beacon Fitness Center Annual Athletic Membership

(Please print and fill in the 3 forms and bring to Department of Athletics for picture ID taking.)

FOR STAFF USE ONLY

PAR-Q
 Release of Liability

Date: _____

Staff initials: _____

Please Print Legibly

Name _____ Age _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Telephone Number (Work): _____ (Home): _____

Sex M F

Membership Type (please check all that apply)

Alumnus: _____ Year Graduated: _____

Faculty: _____ Department: _____

Staff: _____ Department: _____

Student: _____ Year of anticipated graduation: _____

Please check if this membership is a renewal: _____

Payment Method: Payroll Deduction: _____ Full Payment: _____ Student: _____

Please make checks payable to: **UMASS Boston Athletic Department**

(ABSOLUTELY NO REFUNDS GIVEN!)

In case of an EMERGENCY, please notify:

Name _____ Relation _____ Telephone _____

Name _____ Relation _____ Telephone _____

Would you like to sign up for a Beacon Fitness Center Orientation?

Yes No

Applicant's Signature

Athletic Department Signature

HEALTH HISTORY

(Please print this page, fill out and return with membership form)

- Has a doctor ever told you that you have had any of the following (check if yes):

Heart disease Heart attack
 Irregular Heart Beat Stroke
 Heart Valve problems Diabetes
 Heart Murmur High Blood Pressure
 Angina Chest (pain) High Cholesterol
 Shortness of Breath Back Pain
 Emotional Disorders Cancer
 Anemia Drug Allergies
 Asthma Bone/Joint Problems

- Please Explain: _____

- Do you have any medical condition—including recent illness, pregnancy or Surgery—for which a physician has recommended some restrictions on activity?

- Are you taking any medications? (name and reason)

- Has anyone in your immediate family (mother, father, sister, brother) had a heart attack or any other heart related problems? Explain.

- Do you smoke? If yes, how much?

- What is your blood Cholesterol level? _____

Agreement and Release of Liability

1. In consideration of gaining membership or being allowed to participate in the activities and programs of UMass Boston Athletics and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge UMass Boston Athletics and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of UMass Boston Athletics or the use of any equipment at UMass Boston Athletics.

(Please initial _____)

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial _____)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities and programs of UMass Boston Athletics or use of any equipment or machinery except as hereinafter stated. 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 also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or 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 _____)

Date

Signature