

1. Contact Information

All information required.

First Name Last Name M.I.

E-mail Address

Home Address

Gender: Male Female

Street City Zip

Home Phone Number

University Address

Department Name Room/Area Box #

Emergency Contact

University Phone Number

Name Phone Number

2. Payment Information

University Affiliation	If you are...	We need your...
<input type="checkbox"/> Staff	Anyone	8-Digit University ID Number (<u>NOT</u> Social Security Number)
<input type="checkbox"/> Resident		
<input type="checkbox"/> Post-Doc/Fellow		
<input type="checkbox"/> Faculty (eg. professor)	Payroll deducting your membership	6-Digit Employee ID Number (<u>NOT</u> Social Security Number)
<input type="checkbox"/> Graduate Student		
<input type="checkbox"/> Medical Student	Contractors, Volunteers, Highland	Name of Employer
<input type="checkbox"/> Undergraduate Student		
<input type="checkbox"/> Alumnus	Family Members*	Name of Spouse/Partner/Parent/Guardian
<input type="checkbox"/> Retiree		
<input type="checkbox"/> Contractor		
<input type="checkbox"/> Volunteer		
<input type="checkbox"/> Spouse/Partner/Dependent		

* Please note that we reserve the right to request proof of your relationship with the direct University affiliate. Your membership is contingent upon their continued membership.

3. Interests

- Aerobics Classes
- Badminton
- Basketball
- Cardio/Aerobics
- Fitness Industry Certification
- Fitness Profiles
- Massage Therapy
- Nutrition & Diet
- Personal Training
- Running
- Soccer
- Softball
- Squash
- Strength Training
- Tai Chi
- Volleyball
- Walking
- Yoga
- Do not notify me of upcoming events and programs, even if I have expressed an interest in them

4. How You Found Us

- Member Referral
- _____
Their Name
- University Orientation
- University Publication
- Staff Presentation/Special Event
- Advertisements/Promotion
- Used To Be A Member
- Other
- _____
Please Explain

Office Use Only - Do Not Write In This Section Update From Previous

Date m/d/yy	Expires m/yy	Cycle BSM/P	Extras L	Amount	Initials	Notes

Please review and complete the PAR-Q and membership agreement on the other side.



Physical Activity Readiness Questionnaire (PAR-Q)

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 15 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: check YES or NO.

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?
- Do you feel pain in your chest when you do physical activity?
- In the past month, have you had chest pain when you were not doing physical activity?
- Do you lose your balance because of dizziness or do you ever lose consciousness?
- Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
- Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Do you know of any other reason why you should not do physical activity (including pregnancy or temporary illness)?

If you answered YES to any of these questions...

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active. Tell your doctor about the PAR-Q and which questions you answered YES.

Please initial to indicate that you have received authorization to exercise from your physician. _____

University of Rochester Medical Center
Fitness & Wellness Center
Membership Agreement

In consideration of being granted membership in and the right to use the facilities of the University of Rochester Medical Center Fitness & Wellness Center ("The Center"), I hereby:

1. Agree to make myself familiar and comply with all rules and regulations of The Center, and to make myself aware of any changes. I understand that The Center has the right to terminate my membership if I fail to comply, or if I fail to follow the instructions of The Center's personnel. I understand that in the event of such termination, fees will not be refunded.
2. Agree that prior to participating, I will obtain instruction in the safe use of equipment and will inspect the equipment and facilities for dangerous conditions. I further agree that I will not participate in any activity or use equipment that I believe to be beyond my capabilities, and that I will report any dangerous or unsafe equipment to The Center's personnel.
3. Understand that I will be engaging in activities that involve the risk of serious injury, including permanent disability and death, which might result not only from my own action or inaction, but also from the action or inaction of others, the rules of play, or the condition of premises or equipment. I acknowledge that there may be other risks not known to me or foreseeable.
4. Affirm that I am in good health and able to use the equipment provided and participate in the activities sponsored by The Center. I understand that it is my responsibility to consult with a physician prior to executing this release regarding any past or present illness or condition affecting my ability to participate in programs sponsored by The Center and to restrict my participation in accordance with my physician's recommendations.
5. Understand that under no circumstances am I entitled to a refund of monies paid for membership, rentals, services and programs.
6. Grant permission, in the event of an injury, to have a doctor, nurse, athletic staff, or medical emergency personnel provide me with emergency medical treatment and agree that I will bear any costs associated with such treatment.
7. Release, waive, discharge, and covenant not to sue the University of Rochester, its employees, instructors, trainers, or agents for any and all claims, demands, losses, or damages on account of injury, including permanent disability and death, or damage to property caused or alleged to be caused, in whole or in part by the negligence of the releasers or otherwise.

I HAVE READ THE ABOVE MEMBERSHIP AGREEMENT, INCLUDING THE WAIVER AND RELEASE, AND UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND AFFIRM THAT I DO SO VOLUNTARILY.

Signature

Print Name

Date