

**MESA COMMUNITY COLLEGE
LIFE TIME FITNESS CENTERS HISTORY FORM**

Date _____

Name _____ S.S.# _____ - _____ - _____

Address _____ City _____

HM phone _____ WK _____ Employer _____

Emergency contact _____ Phone _____
(Relationship)

Date of Birth _____

RISK FACTORS *Check the answer that best applies. Answering YES to any of these risk factors &/or having blood pressure 140/90 or higher will require medical clearance from your doctor before participating in this program.*

- ___yes ___no 1. Heart attack &/or stroke in your past?
- ___yes ___no 2. Recent surgery? Date: _____ Reason _____
- ___yes ___no 3. Diabetes? Do you take insulin? _____
- ___yes ___no 4. Epilepsy/Seizures? Date of your last seizure: _____
- ___yes ___no 5. Pregnant now or within the last 2 months?
- ___yes ___no 6. Other health risks that may limit participation in class (if yes, please list)?
-
-

I have answered these questions to the best of my knowledge

Student signature X _____

BLOOD PRESSURE _____ / _____	Instructor's Initials _____
Medical clearance required? ___yes ___no	Date ____ / ____ / ____

BLOOD PRESSURE _____ / _____	Instructor's Initials _____
Medical clearance required? ___yes ___no	Date ____ / ____ / ____

BLOOD PRESSURE _____ / _____	Instructor's Initials _____
Medical clearance required? ___yes ___no	Date ____ / ____ / ____

PLEASE READ AND SIGN THE OTHER SIDE OF THIS FORM →

**MESA COMMUNITY COLLEGE
PHYSICAL EDUCATION RELEASE FORM**

When used properly, the facilities and activity programs offered by Mesa Community College have been designed to provide you with the optimum level of beneficial exercise and enjoyment. Inherent in any exercise program, however, is the risk of capability. (Prior to beginning this program, you will be instructed in the proper use of all equipment and will be taught how to monitor your heart rate and respiration.) For your own safety and well-being, as well as to minimize any risk on the part of the college, it is important that you learn these tasks and faithfully and regularly incorporate them into your exercise program.

Since many individuals are unaware of the state of their physical health, it is recommended that you consult with your physician before engaging in any activities which are part of the Physical Education Program.

In consideration of the above factors, I, the undersigned participant, acknowledge the existence of risks connected with the exercise programs and activities which take place at Mesa Community College, agree to assume such risks and agree to accept the responsibility for any injuries sustained by me in the course of using the facilities and equipment. More specifically, I acknowledge and accept responsibility for injuries arising out of those activities which involve risks in one of more of the following general areas:

- A) the use of exercise equipment;
- B) participation in the unsupervised activities which are made available on the running track, in the gym, in the testing room and in other individual or group exercise activities;
- C) participation in individual or joint exercising which could result in such injuries of disorders as heart attack, stroke, heat stress, sprains, broken bones, torn muscles, torn ligament, etc.;
- D) accidents occurring within the auxiliary facilities such as locker rooms, dressing rooms and showers.

I further acknowledge the existence of and need for certain rules and procedures concerning the use of the equipment, facilities and activities of the Aerobic, Health Improvement, and Fitness Centers. I agree to abide by those rules and procedures and shall make every effort to ensure that the equipment and facilities are kept in safe and useable condition. I understand that personal valuables brought to the centers and/or locker rooms are my responsibility and not the responsibility of Mesa Community College, its officers, agents and employees from any responsibility for occurrences resulting from my participation in this program.

HAVING READ THE FOREGONE, I ACKNOWLEDGE MY UNDERSTANDING OF THOSE RISKS SET FORTH ABOVE AND KNOWINGLY AGREE TO ASSUME FULL RESPONSIBILITY FOR IT.

Dated this ____ day of _____, 20__

PARTICIPANT SIGNATURE

PARENT/GUARDIAN
(If Under 18 Years Old)