Bunker Hill Community College

imagine the possibilities

FITNESS CENTER

MEMBERSHIP AGREEMENT AND ACKNOWLEDGEMENT OF RISK

Please fill out both sides of this form. Incomplete forms will not be accepted.

PLEASE CHECK ONE: ☐ **Student** ☐ **Staff/Faculty**

Name (print legibly, please): _____
LAST FIRST MI

Student ID # (if applicable): _____

EMERGENCY CONTACT (ALL MEMBERS MUST HAVE ONE ON FILE)

Name: _____ **Relationship:** _____
Emergency Phone #: _____ **Alt. Phone #:** _____

PHYSICIAN'S INFORMATION

Name: _____ **Phone #:** _____ **Fax #:** _____
Address: _____
NUMBER/STREET CITY STATE ZIP CODE

MEMBERSHIP AGREEMENT

_____(INITIAL) **I understand that my BHCC ID Card serves as my Fitness Center membership card and is required for admittance each time I visit.**

_____(INITIAL) **I understand that admittance to the Fitness Center requires proper exercise attire (clean gym clothes, socks, and sneakers). I also understand that food may not be brought in and beverages must be in a closed container.**

_____(INITIAL) **I agree to demonstrate care in the usage of all equipment in the Fitness Center and understand that I may not bring in any outside/personal exercise equipment. I also understand that it is my responsibility to clean and put away equipment after each use.**

_____(INITIAL) **I have read, understand, and agree to abide by the Rules and Regulations of the Fitness Center. I also understand that my membership may be suspended or terminated at the discretion of Fitness Center Management.**

TURN OVER FOR PAGE 2

HEALTH HISTORY SELF-ASSESSMENT

If you answer YES to any of the following questions, please contact your physician and obtain clearance *before* proceeding with any fitness program.

1. Has your doctor ever said that you have a heart condition and/or that you should only perform physical activity recommended by a doctor?
2. Do you feel pain in your chest during physical activity?
3. Do you lose your balance because of dizziness or do you every lose consciousness?
4. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
5. Is your doctor currently prescribing any medication for your blood pressure, cholesterol level, or a heart condition?
6. Are you diabetic?
7. Do you have a respiratory condition such as asthma, bronchitis, or emphysema?
8. Are you epileptic or do you experience seizures?
9. Are you currently taking any prescription medications that would limit your participation in an Exercise program?
10. Has your doctor advised you for any reason that you should not engage in an exercise program?

ACKNOWLEDGEMENT OF RISK AND CONSENT FORM

I understand that by signing this document I am representing that I understand all of its terms and conditions and that I fully intend to be bound by the same. I also understand that I may wish to consult with my attorney prior to signing this document. In consideration of being allowed to use the Bunker Hill Community College Fitness Center ("facility"), and/or participate in recreational programs or classes sponsored or offered by the facility, I hereby voluntarily execute this Acknowledgement of Risk and Consent Form. I represent that I am at least eighteen years old and competent to sign this form.

I understand that there are certain dangers, hazards and risks associated with my use of the facility and the equipment located therein ("the equipment"). I further understand that all risks cannot be prevented. In light of the risks associated with the use of the facility and its equipment, I may wish to consult with a physician or other health care provider regarding my current physical and mental fitness prior to beginning any physical fitness workout or regiment. I represent that I am physically and mentally able to use the facility and its equipment in a safe manner.

As a user of the facility, I shall follow all applicable facility policies and procedures and comply with all directives issued by the facility staff. I agree to refrain from the use of offensive or inappropriate language, wear appropriate exercise attire, use the equipment in accordance with its intended use, and respect the individual privacy of others utilizing the facility. I understand that a violation of any facility policies or procedures may result in disciplinary action up to and including suspension or expulsion from the facility and/or the College. I understand and agree that the College does not provide medical services or medical personnel at the facility. Therefore I consent to emergency medical care should it be required. I represent that I am covered by adequate medical/health/accident insurance for any injury that I may suffer while using the facility. In the event I must be transported to a doctor or hospital for medical treatment, I acknowledge that the College will not be obligated to provide such transportation, nor assume any responsibility for such transportation.

On Behalf of myself, my family, and my heirs, I hereby agree to assume all risks associated with my use of the facility and its equipment, and I hereby release and discharge from liability and waive any legal action against Bunker Hill Community College, its governing board, officers, agents and employees (collectively, "the released parties") for any personal injury, death, or property damaged I may suffer, due to any cause, including but not limited to the negligence of the released parties, arising out of or in any way connected to my use of the facility and/or its equipment.

I understand and agree that this document shall be construed in accordance with the laws of the Commonwealth of Massachusetts. If any term or provision of this document shall be help invalid or unenforceable, the remaining terms and provisions shall remain in full force and effect.

Signature: _____ **Date:** _____

STAFF USE ONLY **Reviewed By:** _____