



# Salus University

## Hafter Student Community Center

Name (Last, First, M.I.):		Date: / /
Office/Room Number: (If applicable)	Date of Birth: / /	Sex: M / F
Work Phone:	E-mail Address:	Cell Phone:
Home Address:		Home Phone:
Emergency Contact:	Relationship To Member:	Emergency Contact Phone Number:

### Membership Types

Membership	Staff Notes
<input type="checkbox"/> Salus Student <input type="checkbox"/> Salus Faculty or Employee <input type="checkbox"/> Spouse/Dependent/Partner of Student or Faculty/Employee <input type="checkbox"/> Condo tenant <input type="checkbox"/> North building tenant <input type="checkbox"/> Cheltenham Township <input type="checkbox"/> Other: _____	<input type="checkbox"/> Check Received <input type="checkbox"/> Auto-bill Form Completed <input type="checkbox"/> Access Badge

### Interest Survey

- |  |  |
|--|--|
| <input type="checkbox"/> Complimentary Fitness Evaluation            | <input type="checkbox"/> Personal Training         |
| <input type="checkbox"/> Complimentary Equipment Orientation         | <input type="checkbox"/> Running Group             |
| <input type="checkbox"/> Complimentary Personalized Exercise Program | <input type="checkbox"/> Walking Group             |
| <input type="checkbox"/> Group Exercise – including yoga and Pilates | <input type="checkbox"/> Basketball                |
| <input type="checkbox"/> Body Composition Screenings                 | <input type="checkbox"/> Volleyball                |
| <input type="checkbox"/> Weight Management Programs                  | <input type="checkbox"/> Self Defense/Martial Arts |
| <input type="checkbox"/> Health Screenings                           |  |

Other: \_\_\_\_\_

**All personal information will be kept confidential.**

# Facility Rules and Regulations

## **FITNESS CENTER ACCESS**

- ◆ The Hafter Student Community Center is open to Salus students, faculty, employees and their spouses and dependents. Membership is also available to North Building tenants and neighboring Condominium tenants.
- ◆ No one under the age of 21 will be permitted to join the facility or access the building.
- ◆ Each user **MUST** check in every time they use the center.

## **THERE ARE NO VISITORS**

Only registered fitness center users may use and access the facility. Non-members are not permitted to access the facility or wait for members inside of the building.

## **HOURS OF OPERATION**

The fitness center is open and staffed 7:00 am – 11:00 pm, Monday through Friday, and 10:00 am – 10:00 pm Saturday and Sunday. Advanced notice will be given in the case of closure due to scheduled college events and major holidays.

## **HEALTH AND SAFETY**

You must immediately notify fitness center staff if you experience any unusual/abnormal physical sensations or symptoms, either before, during or after exercise.

## **FOOD AND BEVERAGES**

Food and beverages are not allowed in the locker rooms or exercise rooms. Plastic bottles containing water and sports drinks are permitted. Glass bottles and containers are not permitted in the weight room or gymnasium.

## **ATTIRE**

Shirts are required and appropriate footwear must be worn at all times while using the fitness center. Conservative/fitted tank tops are permitted.

## **LOCKERS**

Day lockers are available for use during each exercise session. Day lockers must be cleaned out at the end of the exercise session and may not be used for storing items overnight. Individuals are responsible for providing a lock to secure personal belongings. Locks left on overnight are subject to removal. Salus and L&T Health and Fitness are not responsible for items lost, stolen, or damaged while stored in lockers or in the Hafter Student Community Center.

## **EXERCISE ROOM/EQUIPMENT**

- ◆ Any equipment malfunctions or breakdowns should be reported immediately to the fitness center staff. Please do not use equipment marked "Out of Order."
- ◆ Do not drop free weights on the floor. Always return weights to their proper racks.
- ◆ In consideration of subsequent users, please wipe perspiration off the equipment. Paper towels and disinfectant spray are provided throughout the facility for this purpose.

I certify that I have read the Hafter Student Community Center Rules and Regulations and will comply with all the above rules and regulations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

# Pre-Participation Screening Questionnaire

Please complete this form to help us determine your readiness to begin a physical activity program. Information that you provide on this form will be maintained in a confidential manner and disclosed only to the Hafter Student Community Center staff. With your authorization, it may also be provided to your physician(s) should your answers indicate physician's recommendations are necessary. This information will be used only for the purposes of your participation in the fitness center.

Name (Last, First, M.I.):	Date:	/	/
Date of Birth:	/	/	Age: Sex: M / F

**Please complete this form to the best of your knowledge.**

	<b>Y</b>	<b>N</b>	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a heart attack, stroke, or heart surgery? Please specify _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor said that you have cardiovascular, pulmonary, metabolic or other significant disease?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor said that you have a heart murmur or irregular heart beat?
4.	<input type="checkbox"/>	<input type="checkbox"/>	During or right after exercise, do you have pains or pressure in the left or mid-chest area, left neck, shoulder or arm?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Do you experience shortness of breath at rest or with mild exertion?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Do you experience dizziness/fainting spells at rest or with exertion?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have insulin-dependant diabetes or take medication to control your blood sugar?
8.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a medical condition not mentioned here <i>which might affect your ability to participate in an exercise program</i> (i.e., seizures, emphysema, asthma, etc.)? Please specify _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	Have you experienced leg pain upon exertion?
10.	<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor said that you have a musculoskeletal disorder that could be made worse by physical activity (i.e., bursitis, arthritis, joint or muscle disorder, etc.)? Please specify _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently taking prescription medication for an underlying disorder (i.e., heart, lung, GI, blood) that may impact your ability to exercise? If yes, please complete the Medication Information section on the reverse side.
12.	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently pregnant or within six weeks postpartum? (# of months pregnant _____)

*If you answered yes to any of the statements above, you must consult your physician before engaging in exercise.*

- |     | Y                        | N                        |   |
|-----|--------------------------|--------------------------|---|
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Are you a male over the age of 45?  |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Are you a female over the age of 55, or post menopausal, or had a hysterectomy?   |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Do you smoke or have you smoked within the last 6 months?   |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor said that you have high blood pressure ( $\geq 140/90$ ) or are you on medication for your blood pressure?  |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Is your total serum cholesterol $>200$ mg/dl?   |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a male family member (father/brother) who has had a heart attack/heart surgery before age 55 OR a female family member (mother/sister) with this condition before age 65? Please specify_____ |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Are you physically inactive (i.e., you accumulate less than 30 minutes of physical activity on at least 3 days/week)  |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Do you consider yourself more than 20 lbs. overweight?  |
- If you answered yes to two or more of the statements above, you must consult your physician before engaging in exercise.*

When was your last physical exam? \_\_\_\_\_

Do you have any exercise limitations not previously discussed (i.e. recent injuries, etc.)?  Yes  No

If yes, please explain: \_\_\_\_\_

Please list any other pertinent health/medical information (including medications): \_\_\_\_\_

I understand that the completion of this form will not result in any type of diagnosis of disease and that it is not intended as a substitute for consultation with my personal physician. I must consult my own personal physician for any evaluation of my health status.

I hereby certify that I have read and understand all questions on this health and exercise history questionnaire, and that all questions have been answered truthfully to the best of my knowledge. I agree to notify the fitness center staff if there are any changes in the information that I have provided herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**All personal information will be kept confidential.**

# Salus University Hafter Student Community Center

## Release and Waiver of Liability

*READ CAREFULLY BEFORE SIGNING*

Please Print Your Name \_\_\_\_\_.

If you elect to use the Salus University (Salus) Hafter Student Community Center or if you elect to participate in any related programs, your use and participation will be at your sole risk. You should consult with your personal physician throughout your participation in the program. Liebenow & Torok, Inc., t/a L&T Health and Fitness (L&T) professional staff are trained in fitness program management but are **not** medically trained. Although L&T staff will assist you in learning to use the exercise equipment and in developing an exercise program and may also conduct fitness assessments upon your request, you should not view their assistance, or the results of any fitness assessments, as a medical diagnosis or statement about your health or the suitability of a program for you.

Even consultation with your physician and engaging in regular exercise in no way guarantees against the possibility of adverse occurrences during exercise sessions, use of equipment, or related activities. Possible risks include, but are not limited to, transient dizziness, fainting, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or sudden death. Please contact your physician for further details.

In consideration for being permitted access to and use of the Salus Hafter Student Community Center, I, my family, heirs, executors, representatives, administrators, and assigns do hereby waive, release, and forever discharge Salus and L&T and their respective affiliates, officers, directors, employees, contractors and agents from any and all responsibilities, liabilities and lawsuits, present or future, and causes of action for ordinary negligence, whether foreseeable or unforeseeable, arising out of or related in any manner directly or indirectly, to my use of or access to the Salus Hafter Student Community Center, including, but not limited to, such claims that may result from any injury, illness, or death, accidental or otherwise, during or arising in any way from my participation in any exercise, health promotion or recreation activity or fitness testing associated with the Salus Hafter Student Community Center, or my using any of the facilities, equipment or programs made available in the fitness center. I hereby agree to expressly assume and accept sole responsibility for the risk of injury or death so long as they are not the result of gross negligence by Salus or L&T.

I understand that the screenings and programs provided or sponsored by the Salus Hafter Student Community Center and L&T, or their respective contractors or subcontractors, do not provide a diagnosis of disease or a lack thereof and are not a substitution for regular medical care and consultation and in no way declare my fitness or lack thereof for use of the Salus Hafter Student Community Center or the equipment and programs provided therein.

The undersigned hereby expressly agrees that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of Pennsylvania, and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I certify that I have read the above Release and Waiver of Liability, agree to its terms, and have had any questions answered to my satisfaction. I sign this document voluntarily.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_