

# On Campus CC25K TRAINING Enrollment Form

**Training begins Tuesday, February 20th**



## Locations/Times:

- UREC: 6:00am & 5:15pm (Tuesdays & Thursdays)

## Training Dates:

- Pre-Assessment February 13 or February 15
- Training begins Tuesday, February 20
- Completion of training is Thursday, April 5  
\* Training will be cancelled for inclement weather

## How to Enroll:

- Complete this form along with the University Recreation Center packet
- Return to University Recreation Center Membership Office by February 8th

**For more information:** Please contact us at the Office of Health Promotion & Wellness at 348-0077, [wellness@ua.edu](mailto:wellness@ua.edu) or visit <http://wellness.ua.edu/>

**While training is designed to prepare you mentally and physically for the event it will also provide a fun and social atmosphere.**

## Enrollment Form

Name \_\_\_\_\_

Department \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Pre-Assessment Evaluation:

Your pre-assessment will involve an evaluation by our trainers to place you in the most appropriate level for training.

Select time and day for your pre-assessment:

☐ 6:00 am **OR** ☐ 5:15 pm

☐ Tuesday, February 13th **OR** ☐ Thursday, February 15th

### Training Times:

☐ Tuesday \_\_6:00am \_\_5:15pm

☐ Thursday \_\_6:00am \_\_5:15pm

☐ **\$20.00 UREC Members**

☐ **\$75.00 UREC Non-Members**  
(additional fee covers access to Recreation Center for length of training program)

### Instructions:

- Select a pre-assessment appointment
- Select a training program
- Return complete packet and payment to Recreation Center membership office by **February 8th.**

## RELEASE OF LIABILITY, ASSUMPTION OF THE RISK, AND INDEMNIFICATION

### **\*\*PLEASE READ AND FULLY UNDERSTAND THE FOLLOWING BEFORE SIGNING\*\***

**Purpose of this Form.** This form is to be signed by the each Participant in the Activity who is 19 years of age or older. In consideration of the social, recreational, educational, and other benefits that may be provided, the receipt and adequacy of which is acknowledged, Participant agrees as follows.

**Definitions.** The following terms have the stated meaning when used in this document:

- **Participant** – the individual(s) participating in the Activity and all related activities that execute(s) this document. If this document is signed by a parent or legal guardian as Participant for themselves and/or on behalf of any of their minor children, then Participant includes the parent/guardian, as well as each of their Child Participants identified below.
- **Potential Liabilities** – any and all loss, injury, death, claims, actions, suits, proceedings, settlements, damages, costs, fees, and expenses, at law or equity, known and unknown, foreseen and unforeseen, including, but not limited to, attorney fees and costs of litigation, and liabilities arising out of, connected with, or resulting from Participant's involvement in the Activity, such as medical expenses, other costs, injury, sickness, or death.
- **Activity** – any recreational/educational activity, service, or program offered by UA that you choose to participate in, including and all activities related thereto. Examples of an Activity include, but are not limited to, all forms of physical exercise, sport club participation, intramurals sports, outdoor activities, special events, membership in the Rec Center, lifting weights, and other special activities, such as pilates, climbing wall, pool usage, and personal training.
- **UA** – The Board of Trustees of the University of Alabama, including the University of Alabama, foundations affiliated therewith, and their respective trustees, officers, employees, agents, representatives and volunteers.

**Liability Release.** **THIS IS A RELEASE OF LIABILITY.** Participant knowingly and voluntarily waives, releases, exculpates, and discharges UA from and against any and all Potential Liabilities connected with the Activity. By signing this form, Participant voluntarily agrees to discharge UA in advance from all such Potential Liabilities.

**Indemnification.** Participant agrees to hold harmless and indemnify UA from and against all Potential Liabilities related to, connected with, or arising from Participant's involvement or participation in the Activity.

**Assumption of Risk.** Participant understands and acknowledges that there are risks, including significant risks, inherent in all activities that can result in loss, damages, injury, or death, including, without limitation, activities potentially related to the Activity like the following: travel risks such as accidents, crashes, and risks from autos operated by UA as well as autos operated by other individuals or entities, poorly maintained roads, sidewalks, as well as criminal acts that can result in serious injury or death; premises risks, including those that may be owned by others and risks from water, such as drowning; injury risks from falls, collisions, or accidents (such as concussions, cuts, bruises, torn muscles, sprains, broken bones, etc.); outdoor risks, such as weather, lightning, heat or cold, bites, stings, allergic reactions, dehydration, heat stroke, hypothermia, drowning, sunburn, animals, and limited access to medical care; risks from others involved in the Activity (such as transmitted illnesses or others' actions); health risks, such as concussion(s), respiratory events, neck/spinal injuries, heart attacks, sudden illness, non-fatal/fatal drowning and other risks inherent in any strenuous activities, including, but not limited to, the injury risks identified herein; equipment risks, including failure, misuse, inherent risks, and risks from UA or non-UA equipment; and other risks and hazards beyond the control of UA or others. Participant acknowledges that he/she has had an opportunity to investigate the Activity before executing this form and, knowing and understanding all risks associated with the Activity, Participant nevertheless **VOLUNTARILY AGREES TO ASSUME AND ACCEPT ALL RISKS** that potentially accompany participation in the Activity. Participant also agrees to take all reasonable steps to avoid any risks, injury, or death.

## RELEASE OF LIABILITY, ASSUMPTION OF THE RISK, AND INDEMNIFICATION

**Health Care and Emergencies.** Participant understands that UA does not accept responsibility or liability for providing health care services or health care insurance for those participating in the Activity. It is Participant's responsibility to consult with a medical professional prior to the Activity. Participant warrants the physical fitness of those participating in the Activity. Participant agrees to be responsible for payment of any fees and charges that may be imposed by any doctor or hospital facility in the provision of medical care to Participant.

**Conduct.** Participant agrees to follow posted signs and published rules as well as instructions and directions of any UA representative or other official associated with the Activity.

**ACKNOWLEDGEMENT.** I, AS PARTICIPANT, ACKNOWLEDGE THAT I HAVE READ, CONSIDERED, AND UNDERSTAND THIS ENTIRE DOCUMENT AND ITS EFFECT ON MY RIGHTS. RELYING WHOLLY UPON MY OWN JUDGMENT, BELIEF, AND KNOWLEDGE ABOUT THE RISKS ASSOCIATED WITH THE ACTIVITY, WHICH INCLUDE SIGNIFICANT INJURY OR DEATH, AND THE EFFECT OF THIS DOCUMENT, I VOLUNTARILY AGREE TO EXECUTE THIS DOCUMENT AND PARTICIPATE IN THE ACTIVITY. I ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE TO ME SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT. I VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL FULLY INTENDING TO LEGALLY BIND MYSELF, MY HEIRS, SUCCESSORS, AND ASSIGNS TO ITS TERMS.

**\*If Participant is under the age of 19, a Parent/Guardian must execute this document as the Participant and identify the underage Participant as a "Child Participant" below. THE SIGNING PARENT/GUARDIAN CERTIFIES THAT THEY ARE OVER THE AGE OF 19, HAVE READ, CONSIDERED, AND UNDERSTAND THIS DOCUMENT, UNDERSTAND THE RISKS, INCLUDING INJURY OR DEATH, ASSOCIATED WITH THE ACTIVITY, ARE VOLUNTARILY ALLOWING CHILD PARTICIPANT(S) TO TAKE PART IN THE ACTIVITY, HAVE THE LEGAL RIGHT TO SIGN ON BEHALF OF THE CHILD PARTICIPANT(S), ARE SIGNING THIS DOCUMENT VOLUNTARILY, ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT, AND AGREE TO ENTER INTO THE SAME, FULLY INTENDING TO LEGALLY BIND PARTICIPANT AND CHILD PARTICIPANT(S) LISTED BELOW UNDER THE AGE OF 19 AS WELL AS THEIR HEIRS, SUCCESSORS, AND ASSIGNS TO THE TERMS OF THIS DOCUMENT.**

Printed Name of Participant (and/or Parent/Guardian) \_\_\_\_\_

Signature of Participant (and/or Parent/Guardian) \_\_\_\_\_

Participant e-mail address \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Child Participant \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child Participant \_\_\_\_\_ Age: \_\_\_\_\_

Name of Child Participant \_\_\_\_\_ Age: \_\_\_\_\_

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

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	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. 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?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If  
you  
answered

## YES to one or more questions

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

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT  
or GUARDIAN (for participants under the age of majority) \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**

## Health History Questionnaire

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
Street City State Zip

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Personal Physician \_\_\_\_\_ Location \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**To help us determine if you should consult with your physician before starting an exercise program with University Recreation, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please mark YES or NO:**

- |     |    |  |
|-----|----|--|
| YES | NO | Do you have a heart condition?   |
| YES | NO | Have you ever experienced a stroke?  |
| YES | NO | Do you have epilepsy?  |
| YES | NO | Are you pregnant?  |
| YES | NO | Do you have diabetes?  |
| YES | NO | Do you have emphysema?   |
| YES | NO | Do you feel pain in your chest when you engage in physical activity?   |
| YES | NO | Do you have chronic bronchitis?  |
| YES | NO | In the past month, have you had chest pain when you were not doing physical activity?                              |
| YES | NO | Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness?               |
| YES | NO | Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity? |
| YES | NO | Has a physician ever told you or are you aware that you have high blood pressure?                                  |
| YES | NO | Anyone in your immediate family had a heart attack, stroke, or cardiovascular disease before age 55?               |
| YES | NO | Has a physician ever told you or are you aware that you have a high cholesterol level?                             |
| YES | NO | Do you currently smoke?  |
| YES | NO | Are you a male over 44 years of age?   |
| YES | NO | Are you a female over 54 years of age?   |
| YES | NO | Are you currently exercising LESS than 1 hour per week?  |

## **MEDICAL CONDITIONS:**

Please list recent hospitalizations (women please do not list **normal** pregnancies)

Year

Location

Reason

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Any other medical problems not already identified?

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Are you taking any prescription or non-prescription medications? (Include birth control pills)

Medication

Reason for taking

For how long?

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## **Informed Consent**

I desire to participate voluntarily in a progressive exercise program and/or various fitness tests in an attempt to assess and improve my physical fitness.

I understand that these physical activities and/or various fitness tests are designed to put a gradually increasing workload on my circulatory system and/or musculoskeletal system in an attempt to improve their function. The reaction of the system(s) to such activities cannot be predicted with complete accuracy. The possibility of certain unusual changes during or following the exercise session does exist. These changes could include abnormalities of blood pressure or heart rate, ineffective heart function, fainting, muscle strains, and possibly, in rare instances, a heart attack or cardiac arrest.

The benefits obtained from the various fitness tests might include an increased knowledge of chronic disease risk as well as baseline measures for the trainer to use in assessing improvements in your fitness level.

The benefits obtained from the exercise program might include a more efficient cardiovascular system, a decrease in the risk of heart disease and other chronic diseases, an improved muscular and skeletal system, and a higher quality of life. I realize that is necessary for me to report promptly any signs or symptoms indicating abnormalities or distress. I know that if there are any questions about the procedures or methods used during an exercise session or test, I should ask my trainer. If I have any doubt, concerns or questions I should ask for further explanation.

I have read this form and I voluntarily consent to participate in this exercise program and/or various fitness tests and realize that I am free to withdraw at any time.

Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_