This membership agreement, including the Terms & Conditions of Membership, ("Agreement") is made this _____ day of _____ between The Wellness Center and those persons whose name is set forth below.

Name_____

Student Staff Faculty Family Affiliate Resident **(CIRCLE ONE)**

LSU ID #: _____ (**6 digits bottom right on back of ID below the magnetic strip**)

DOB_____/_____/_____ M_____ F_____
MM DD YYYY

Local Address_____City/State/Zip_____

Cell Phone _____

Email Address_____

Emergency Contact_____
Name Relationship Phone

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER Wellness Center Assumption of Risk and Release of Liability for Members and Guests

I, the undersigned, hereby expressly and affirmatively state that I wish to participate in **_LSU HEALTH WELLNESS CENTER___**. I understand and am aware that strength, flexibility, and various activities and exercises, including the use of equipment, is potentially hazardous. I also understand that fitness activities involve a risk of injury and even death. I hereby agree to expressly assume and accept any and all risks of injury or death that may result from my participation in this activity. I understand that I am responsible for my own safety, health, and welfare during this activity. I acknowledge that it is my obligation to ensure my participation in or use of any of the LSUHSC Wellness Center activities, facilities, equipment, or machinery is consistent with any physical limitations I may have, and to consult with a physician to ensure that I am medically able to participate in these activities. I do hereby assume full responsibility for my participation in and use of any of the LSUHSC Wellness Center activities, facilities, equipment, and machinery. In consideration of being allowed to participate in the activities and programs of the LSUHSC Wellness Center, and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the State of Louisiana, Board of Supervisors of Louisiana State University and Agricultural and Mechanical College, Louisiana State University Health Sciences Center – New Orleans, and the LSUHSC Wellness Center, and their respective officers, employees, agents and all others from any and all liability, claims, demands, causes of action, injuries, damages, or losses resulting from my participation in any activities or my use of equipment or machinery in the LSUSHC Wellness Center or arising out of my participation in any activities at the LSUHSC Wellness Center. I agree to abide by all policies and procedures set forth by the LSUHSC Wellness Center. I further affirm that I have had the opportunity to ask questions and any questions I have asked have been answered to my complete satisfaction. I understand and agree that this Assumption of Risk and Waiver of Liability will be held on file for the duration of my membership. I understand and agree that if any part of this Assumption of Risk and Release of Liability is for any reason found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect. My signature indicates that I have read, understand, and agree that this is an ASSUMPTION OF RISK AND A WAIVER OF ANY AND ALL CLAIMS OR CAUSES OF ACTION, which I may have or might accrue as a result of my participation in or use of LSUHSC Wellness Center activities, facilities, equipment, or machinery.

Signature_____

Date _____

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. THIS RELEASES THE LSUHSC Wellness Center FROM ANY LIABILITY RESULTING FROM MY PARTICIPATION IN THE ABOVE DESCRIBED LSUHSC WELLNESS CENTER SPONSORED PROGRAMS.

PAR-Q

(Physical Activity Readiness Questionnaire)

1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? ____Y _____N
2. Do you feel pain in your chest when you do physical activity? _____Y _____N
3. In the past month, have you had chest pain when you were not doing physical activity? _____Y _____N
4. Do you lose your balance because of dizziness, or do you ever lose consciousness? ____Y _____N
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? ____Y ____N
6. Is your doctor currently prescribing drugs (i.e. Water pills) for your blood pressure or heart condition? ____Y ____N
7. Do you Know of any reason why you should not do physical activity? ____Y _____N

NEW FAMILY/AFFILIATE ID INFORMATION

LSU Sponsor Name: _____

Relationship with Applicant: _____

LSU Email: _____

Applicant Name: _____

Phone: _____

Email: _____

Birthplace: _____

Last 4 of SSN: _____

DOB: _____

Wellness Staff Member: _____ Date:_____

Mindbody_____ SASI _____