



# Release of Liability and Consent

HEALTH FITNESS CORPORATION RELEASE OF LIABILITY AND CONSENT—FITNESS MANAGEMENT AND FITNESS MANAGEMENT BLENDED SERVICES AT A FITNESS CENTER (A-1)

(Includes Health Management Services and Health Improvement Programs except Health Screenings, Personal Training)

In consideration of the opportunity to receive fitness assessment services, participate in Health Fitness Corporation (HealthFitness) programs and/or use The University of Louisville Get Healthy Now Wellness Center at Humana Gym facilities, I hereby assume all risks of injury, illness, death or other loss arising from or in any way relating to my participation in HealthFitness programs and use of the Center.

I hereby release, agree not to sue, and forever discharge The University of Louisville Get Healthy Now Wellness Center at Humana Gym and HealthFitness and their respective affiliates\* of and from any and all manner of claims, demands, actions, causes of action, liability, damages, claims for punitive or liquidated damages, claims for attorney's fees, costs and disbursements, individual or class action claims, and demands of any kind whatsoever, I have or might have against them or any of them, whether known or unknown, in law or equity, contract or tort, arising out of or in any way relating to my receipt of assessment services, participation in HealthFitness programs, use of the Center and loss of personal property, however originating or existing. This release shall be binding upon my heirs, personal representatives, administrators, executors, and assigns.

I understand that this release includes, without limitation, all injuries which may occur as a result of the following:

(a) my use of HealthFitness' amenities and equipment in the Center facilities, my receipt of instruction and other services from HealthFitness, or my participation in any activity, class, program, or instruction; (b) the malfunctioning of any equipment; (c) HealthFitness' training, supervision, or dietary recommendations; and (d) my slipping and/or falling while in or on the Center's premises, including adjacent sidewalks and parking areas.

I further understand that any recommendations regarding exercise or diet (including, without limitation, the use of supplements) are entirely my responsibility and that I should consult a physician prior to undergoing any changes in exercise or diet.

I understand, as a participant of the health and fitness program who is to be assessed and given the opportunity to participate in an exercise program at the Center, I will have the option to receive a fitness assessment that measures some or all of the following items: (1) flexibility; (2) muscular strength and endurance; (3) body composition; and (4) changes in heart rate and blood pressure before, during and after an exercise test. I understand a particular set of results from the fitness assessment does not necessarily mean I am: (1) fit, (2) unfit, or (3) likely to benefit from exercise or changes in diet. That judgment can only be made by my physician.

I am aware that the fitness assessment is for the purpose of designing a personal exercise program and providing information on conditioning levels compared to norms. I understand the fitness assessment is not intended to replace any medical screening I may need, and neither the Center, HealthFitness, nor any of their affiliates, will determine whether an

exercise program or dietary change are medically appropriate for me. I understand it is my responsibility to consult with my physician regarding these matters.

I further understand HealthFitness staff will question me about my health status, and I agree to complete a health history questionnaire. I certify the information I provide to HealthFitness staff about my health and exercise history and current health status will be, to the best of my knowledge, complete and accurate, and I agree and understand it is my responsibility to inform HealthFitness staff in the event of any change in my health or medical status. HealthFitness shall treat information regarding my personal health and medical status as confidential. HealthFitness shall not release such information without my written consent, except: to authorized HealthFitness and Center employees, agents, successors, and assigned contractors who we use to support our business; in connection with any programs sponsored by my employer in which I participate; in connection with the sale, assignment, or other transfer of the business which the information relates; when applicable by laws, court orders or government regulations require us to do so; and to health care personnel for treatment purposes (including, for example, emergency assistance personnel). I understand that HealthFitness may use or disclose to others information regarding my health for statistical analysis or other research purposes, provided that my name and other personally identifiable information will be removed from the information prior to such uses and disclosures.

I understand there are possibilities of injury or other complications, including but not limited to musculoskeletal injuries, cardiovascular trauma, neurological impairment, heart attack and even death, which may occur during fitness assessment, while completing an exercise program, while otherwise using the Center facilities, or while participating in any health and fitness program activities.

I voluntarily agree to submit to a fitness assessment and to assume all risks associated with my participation in the fitness assessment, health and fitness programs, (including a personal exercise program) and use of Center facilities. I understand and acknowledge it is my responsibility not to exceed the guidelines established for me on my exercise program card and in other program materials.

I understand use of the Center and participation in a fitness assessment, health and fitness program activities is strictly voluntary, is not required of employees of participating companies, and I may discontinue my participation at any time. I further understand HealthFitness may revoke my privileges to use the Center or otherwise participate in assessment or other programs at any time, in its sole discretion. I agree to be bound by and obey all the rules and policies of the Center, HealthFitness and HealthFitness staff in my use of the Center and in my participation in the health and fitness program activities.

I understand at any time I may review this Release of Liability and Consent by requesting a copy from HealthFitness staff. I agree if any portion of this form is held invalid, the remainder of this form will continue in full legal force and effect.

I have carefully read this Release of Liability and Consent and fully understand its terms. I sign it voluntarily with full knowledge of its legal significance and understand that I have the right to have my attorney review it. I am 18 years of age or older.

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

Print Name: \_\_\_\_\_

\*Affiliates means any branch, division, or subsidiary of HealthFitness, or HealthFitness' present and former officers, directors, shareholders, trustees, employees, agents, representatives, contractors, and the successors and assigns of each, whether in their individual or official capacities.



# About You and Payment Authorization

Last Name	First Name	Employee ID	Date
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Work E-mail	
Work Address	City	State	Zip
Home Address	City	State	Zip
Home Phone	Work Phone	Department	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Retiree <input type="checkbox"/> Temporary <input type="checkbox"/> Intern <input type="checkbox"/> Other (please list):			
Employee Status			

Emergency Contact	Emergency Contact Phone	Relationship
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Membership Type	Rate
<input type="checkbox"/> Be Well (UClub/GHN)	\$40/month
<input type="checkbox"/> UofL Alumni, Vendor, or Affiliated Partner	\$30/month
<input type="checkbox"/> UofL Employee or Retiree	\$15/month
<input type="checkbox"/> Academic	\$15/month
<input type="checkbox"/> Spouse/Qualifying Adult	\$10/month
<input type="checkbox"/> Other	
*\$10 enrollment per member pkg.	

502-852-7755 | ghn@louisville.edu | <https://uoflgethealthynow.biovia.healthfitness.com>

### Payment Agreement

I hereby request and authorize University of Louisville to charge the amount agreed to my checking account, credit card or automatic payroll deduction. This authorization is to remain effective until the Get Healthy Now Wellness Center at Humana Gym has collected for all charges assessed in connection with the terms and conditions of this Membership Agreement. Memberships are non-transferable and non-refundable.

### Cancellation Notification:

In order to avoid an additional month's charge, I will provide written notification to the Get Healthy Now Wellness Center at Humana Gym 601 Presidents Blvd Louisville, KY 40217, by the 15th day of the month. I understand that I will be responsible for an additional month's dues if written cancellation is provided after the 15th day of the month.

### Terms of Payment Agreement:

I agree to pay a monthly rate of \$ \_\_\_\_\_ which will be:

- automatic payroll deduction
- paid in full       charged electronically to my checking account or credit card

First Month Payment \$ \_\_\_\_\_ Start Date: \_\_\_\_\_

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

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

Staff \_\_\_\_\_ Member \_\_\_\_\_ Name: \_\_\_\_\_

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



# Par-Q and You (A Questionnaire for People Aged 15-69)

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.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? ..... Yes  No
2. Do you feel pain in your chest when you do physical activity? ..... Yes  No
3. In the past month, have you had chest pain when you were not doing physical activity?  Yes  No
4. Do you lose your balance because of dizziness or do you ever lose consciousness? ..... Yes  No
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? ..... Yes  No
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? ..... Yes  No
7. Do you know of any other reason why you should not do physical activity? ..... Yes  No

### 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.

**If you answered 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.

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

\_\_\_\_\_  
Last Name First Name Employee ID Date

**Do you have a history of any of the following cardiac, metabolic, or pulmonary conditions? Mark all that apply.**

**CARDIAC/VASCULAR**

- Diagnosed high blood pressure (or systolic BP>140 or diastolic BP>90mmHG on at least two separate checks) .....  Yes  No
- Coronary angioplasty or cardiac surgery .....  Yes  No
- Heart disease, heart attack, angina .....  Yes  No
- Heart murmur.....  Yes  No
- Peripheral vascular disease .....  Yes  No
- Stroke .....  Yes  No
- Other: \_\_\_\_\_ .....  Yes  No

**METABOLIC**

- Diabetes .....  Yes  No
- Kidney disease .....  Yes  No
- Thyroid or other metabolic disorders .....  Yes  No

**RESPIRATORY**

- Asthma .....  Yes  No
- Chronic bronchitis.....  Yes  No
- Emphysema or chronic obstructive pulmonary disease (COPD) .....  Yes  No
- Other: \_\_\_\_\_ .....  Yes  No

**Do you currently have any of the following signs, symptoms, or conditions? Mark all that apply.**

- Ankle swelling .....  Yes  No
- Chest pain (at rest or exertion) .....  Yes  No
- Dizziness/fainting .....  Yes  No
- Women: Are you pregnant? .....  Yes  No
- Rapid heartbeats or palpitations .....  Yes  No
- Shortness of breath (at mild exertion/rest)...  Yes  No
- Unexplained fatigue (unusual fatigue or shortness of breath with usual activities) .....  Yes  No

**Do you currently have any of the following coronary risk factors?**

- Female, age 55 or older .....  Yes  No
- Male, age 45 or older .....  Yes  No
- Hypercholesterolemia, elevated cholesterol, abnormal blood lipids (total cholesterol>200mg/dL or HDL<mg/dL) .....  Yes  No
- Smoking habit (within past six months) .....  Yes  No
- Sedentary lifestyle (inactive job with no regular exercise program; active less than 3 times per week; or no recreational pursuits) .....  Yes  No

**Please indicate if you have any of the following conditions. These conditions may require a medical consultation.**

- Major surgery or hospitalization within the past six months (please detail):
- Anemia (severe<10GM/dL)
- Chronic back problems
- Arthritis (please detail):
- Allergies (please detail):
- Orthopedic problems (please detail):
- Other medical restrictions (please detail):

**List all medications you are taking (prescription and over-the-counter).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify I have answered these questions truthfully and to the best of my knowledge. If I have a change in my health status during the course of my exercise program, I will notify the staff immediately.

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



# Facility Guidelines

## Hours of Operation

The UofL Get Healthy Now Wellness Center at Humana Gym is open Monday through Friday from 6:00 am–9:00 pm, Saturday from 9:00 am – 5:00 pm and Sunday from 12 noon – 5 pm. The Wellness Center is closed on University recognized holidays.

## Membership

Membership is open to all employees, spouses or QA, alumni, retirees and U of L partner groups.

Membership dues are outlined in the Wellness Center brochure. Fees are subject to change.

All members must be at least 18 years of age, complete a waiver form and be approved for membership following a brief health assessment by the wellness center staff. Special populations (heart attack, stroke, pregnancy, etc.) must have a fitness center waiver completed by their physician and returned prior to fitness center use.

## Membership Cancellation

Members wishing to cancel must give notice by the 15th of the month by submitting a cancellation form to staff to avoid future charges.

## Sign In

Members are required to sign in at the front desk at the beginning of each visit.

## Towels

Towels are available at the front desk. Used towels should be placed in the hamper at the front desk.

## Amenities

Amenities in the locker rooms include hair dryers (women), towels, and soap. These items are supplied for your convenience and should not be removed from the locker rooms. Please help maintain a clean environment for those using the sink and grooming areas after you.

## Equipment Use

Members are responsible for wiping down equipment after use with the disinfectant and towels provided.

Do not monopolize equipment/machines while others are waiting. Allow others to work-in on the equipment/machines.

Do not drop weight plates, dumbbells, or bars. Dropping weights can damage the equipment and cause injury to yourself or someone else in the area.

Return weights and all other accessories to their proper location when finished. This makes it easier for the next member to find the equipment and prevents tripping/other injuries.

## Dress Code

Appropriate attire includes shorts, sweat pants, t-shirts, tank tops, etc. No plastic or rubber garments designed to retain heat and increase sweating are allowed due to increased health risk. Proper athletic shoes with non-marking outsoles are required in the fitness area and group exercise studio, except when recommended by the instructors, as in yoga and Pilates classes.

## Lockers

Day lockers are available for use while members are exercising in the facility at no charge. The University of Louisville is not responsible for member belongings while in the facility or items left in the facility.

## Lost and Found

All valuables should be locked in a locker while members are exercising in the fitness center. Please report any lost or found items immediately to staff. The University of Louisville is not responsible for lost or stolen articles.

## Children

Due to safety issues associated with the design, infrastructure and environment of the wellness center, no children are allowed.

### **Music Selection**

Fitness center staff will select all music played and will control the volume. Radio stations that feature upbeat, mainstream music will be played. Hard rock, rap, or other music that may be offensive to any member will not be played. Members who wish to listen to music that is not part of the staff-selected music stations are encouraged to bring their own personal music device.

### **TV Viewing**

Fitness center staff will select TV stations such as news, sporting events, game shows, and local channels. Members who have a specific mainstream channel preference, may request that the staff tune into the desired channel if all the patrons in the fitness center concur. If there are multiple requests at the same time, radio music will be turned on and the TVs will be tuned to different channels with the volume on mute. TV volume may only be turned on by staff if all patrons in the fitness center agree to having the music turned off and agree to the same TV channel.

### **Wellness Center Etiquette**

Swearing, loud noise, abusive language or any other inappropriate behavior will not be tolerated under any circumstances and will result in expulsion from the center. Water or sport drinks may be consumed from closed containers with lids. All other food or beverage is prohibited. Cell phones and any other messaging devices are not allowed in the fitness area. Please conduct phone calls and messaging outside the fitness floor.

### **Injuries**

Any member who sustains an injury while exercising in the wellness center, no matter how minor, must notify a staff member immediately. In addition, members who experience an injury or change in health status outside of facility (i.e., muscle strain, joint problems, pregnancy, heart problems) should inform the staff upon returning to the facility.

### **Emergency Response System**

The staff is trained in CPR and First Aid techniques and will respond to emergencies promptly. An automated external defibrillator (AED) is available in the wellness center for use in case of a cardiac emergency. In case of an emergency, dial 911.

### **Group Exercise Classes**

- There must be at least two (2) participants in order to conduct a class.
- Please vacate exercise area/room after class so next class can start on time.
- Please wipe down and store all equipment in the proper location after use, this will prevent any damage.
- Equipment and or areas must be vacated to accommodate class schedule.
- All classes will begin and end at the times specified.





# Medical Consultation

Last Name

First Name

Employee ID

Date

Note to Physician: This individual would like to participate in a fitness program offered by HealthFitness, however, the individual has indicated health history information that precludes HealthFitness from allowing him/her to participate in the fitness program without your consent and recommendations, if any. Please complete the Medical Recommendations section below and return this form to the individual at your earliest convenience.

### Description of Program

If admitted to the health and fitness program, the individual will be given the option of completing an assessment of his or her current fitness level by completing either (a) HealthFitness' Quick Fit Check, consisting of measuring resting heart rate and blood pressure, height, and weight; or (b) HealthFitness' Full Fitness Assessment, consisting of a series of non-diagnostic assessments that may include the measurement of an individual's resting heart rate and blood pressure, body composition, flexibility, cardio-respiratory conditioning, muscular strength and endurance.

Based on these tests, the participant's Health History information, and your recommendations, if any, an exercise program will be developed for the individual. A typical fitness program may include the following:

- 5 to 10 minute warm-up (light exercise and stretching)
- 10 to 45 minute aerobic activity (running, walking, stair stepping, bicycling, etc.)
- 10 to 30 minute strength training (resistance machines, free weights, floor exercises)
- 5 to 10 minute cool-down (stretching and flexibility activities)

HEIGHT:	LUNGS: <input type="checkbox"/> normal <input type="checkbox"/> abnormal
WEIGHT:	HEART: <input type="checkbox"/> normal <input type="checkbox"/> abnormal
RESTING HEART RATE:	MUSCULOSKELETAL: <input type="checkbox"/> normal <input type="checkbox"/> abnormal
CHOLESTEROL LEVEL:	Comments:

### Medical Recommendations: Check one recommendation option below and complete associated questions, if any.

- This individual may NOT participate in the fitness center program based on the following limitations:
- This individual may participate without restriction in all fitness center activities.
- This individual may participate in the fitness center program with the following limitations:

What is the maximum heart rate this individual should not exceed during aerobic exercise other than what is recommended for the participant's age and fitness level? \_\_\_\_\_ Please specify beats per minute: \_\_\_\_\_

### The following program(s) are recommended (check all that apply):

- Nutrition analysis
- Muscle strengthening
- Blood pressure monitoring
- Weight loss
- Aerobic conditioning
- Flexibility improvement
- Pre/Post-natal exercise
- Back care
- Stress management
- Other: \_\_\_\_\_

### Physician Information

Last Name

First Name

Signature

Phone

Address

City

State

Zip

If you would like to discuss this Medical Consultation Form in detail, please contact the Get Healthy Now Wellness Center Manager at 502-852-7755