Barry University Fitness Center
Alumni Membership Application

Name:_____Date:_____

Address:_____

Phone (H):_____(C):_____

Email:_____

Insurance Information:
Company:_____Policy #:_____

Membership Type: Circle one

$25 one time enrollment fee
Option #1= $90/se*m*ester (4 months)
Option #2= $200/year

Start Date:_____End Date:_____ (For office use)

* New members may schedule an orientation/evaluation by contacting the fitness center @ 305-899-4016.

Method of Payment:
Cash:_____Check #:_____Amount:_____
Credit card payments accepted. Separate authorization must be completed.

*All members must adhere to the Barry University Fitness Center Rules & Regulations. Failure to abide may result in suspension or termination agreement without a refund. Member also understands that membership ONLY allows access to the Landon Fitness Center. Tennis courts, athletic courts/fields, pool, Miller Studio are not included with this membership. Hours of operation may vary and are subject to the discretion of the Fitness Director and Barry University.

Member Signature:_____Date:_____

Application approved by:_____Date:_____

CAMPUS RECREATION AND WELLNESS

Name: _____ Date :_____

(Please print)

Male: _____ Female:_____

Barry University Fitness Center Policy

*****Please read and fill out all pages completely*****

In an attempt to secure the safety and well-being of its participants, the Office of Campus Recreation and Wellness (CRW) is issuing a Participation Activity Readiness Questionnaire (PAR-Q) and liability form that must be filled out by any participant wishing to utilize the fitness center and its services. This will allow CRW to maintain an accurate account of its constituents.

In order to participate on a guest basis, these forms must be completed.

OFFICE OF CAMPUS RECREATION & WELLNESS RELEASE AND LIABILITY WAIVER

Initial

____ In consideration of activities performed in the **Fitness Center,** _____

(Please print)

Intending to be legally bound, do hereby, for myself, my family, my heirs, executors, and administrators, waive, release, hold harmless and forever discharge any and all rights any and all rights and claims for damages which I may have or which may hereafter accrue to me against Barry University or its respective officers, employees, agents, representatives, successors, and or assign (hereinafter referred to as releasees) for any and all claims and liability damage, injury, debt, or property damage arising out of any cause whatsoever in connection with my participation in **Fitness & Wellness Activities** such as muscle strains, cramps, sprains, pulls, cuts, bruises, heat illness, DOMS (Delayed Onset Muscle Soreness), dehydration, or death due to cardiovascular complication as a result of physical over-exertion, (which in and of themselves do not constitute an exhaustive list).

____ I understand that it is my responsibility to inspect all equipment which may be provided by the University to ascertain it useable condition.

____ I hereby certify that I am in good health and am fit for participation in and have attached a medical form in support of my certification.

____ I hereby covenant to help releasees harmless and indemnify releasees for any claim, judgment, or expenses releases may incur arising out of my activities in **Fitness & Wellness Activities.**

____ I hereby personally assume all risk for harm, personal injury, property damage, or wrongful death that may result from my participation in **Fitness &Wellness Activities**. I further state that I am of legal age and am legally competent to sign this affirmation and release, or that I have acquired the written consent of my parents or guardians; that I understand the terms herein are contractual and are not a mere recital; and that I have signed this document of my own free act.

I UNDERSTAND AND HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AFFIRMATION AND RELEASE BY READING IT BEFORE I SIGNED IT.

Signature of Participant: _____ Date: _____

_____Date: _____

(Signature of Parent if Participant is Under 18/Phone Number)

Signature of Witness: _____Date: _____

Barry University - Campus Recreation & Wellness
11300 N.E. Second Avenue, Miami Shores, Florida 33161-6695
Phone:305-899-4078 Toll-free: 1-800-756-6000, ext. 3063 Fax: 305-899-4809
E-mail: fitness@mail.barry.edu

PAR-Q & YOU

(A questionnaire for people aged 15 to 69)

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

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.

TAKE THE PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

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 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* 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.

** 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.
** Reprinted from the 1994 revised version of the Physical Activity Readiness Questionnaire (PAR-Q and YOU). The "PAR-Q and YOU" is a copyrighted, pre-exercise screen owned by the Canadian Society for Exercise Physiology.

_____ _____

(Print Name/ Signature) (Date)

_____ _____

(Witness Signature) (Date)