Waiver, Release and Hold Harmless Agreement

I, the undersigned, in consideration of my voluntary participation in the Adult Fitness Program, represent, covenant, and agree to the following, on behalf of myself and my heirs, assigns, and any other person enforcing my rights:

1. I acknowledge that participating in the Adult Fitness Program or other Ismail Center activities or generally using the Ismail Center facilities, amenities, workout equipment and exercise programs involves certain risks (some of which I may not fully realize or appreciate) and that injuries, death, property damage, or other harm could result to me or others. These risks include, but are not limited to, injuries from the use of equipment, abnormal blood pressure, fainting, disorders of heart beat, and instances of heart attack or death.

2. I recognize that efforts will be made to minimize health-related risks by preliminary screening (including via the attached readiness questionnaire, or PAR-Q). Nevertheless, I voluntarily agree to participate in the Adult Fitness Program and accept and voluntarily incur and agree to assume all of those risks, whether known or unknown, and any resulting injuries, damages, or harm (including those from risks which I do not fully realize or appreciate), regardless of whether or not they are caused in whole or in part by the negligence or other fault of the Ismail Center, Purdue University, The Trustees of Purdue University, and/or their related departments, affiliates, trustees, officers, appointees, volunteers, employees, agents, or insurers (together “Released Parties”).

3. I waive all claims against all Released Parties for any injuries, damages, losses, or claims, whether known or unknown to me, which arise from my use of the Ismail Center and any of its related facilities, venues, workout equipment, or any other activity or use which could reasonably be considered related to my membership or participation in Ismail Center Activities or the Adult Fitness Program. I hereby waive any claim or cause of action alleging negligence or other fault against any Released Parties for injuries, harm, losses, or damages incurred during usage of the Ismail Center facilities or through my membership at the Ismail Center or my participation in the Adult Fitness Program. This waiver includes, but is not limited to, claims for the following: injury from use of equipment (including without limitation any malfunctioning equipment), injury during the course of exercise (including without limitation instructed exercise classes or programs), injury from advice on conducting exercise or physical activity, injury during sport activities, and stolen items from the Ismail Center. I release and forever discharge Released Parties from any and all such claims, whether instituted by myself or on my behalf by my heirs, assigns, or any other person enforcing my rights.

4. I acknowledge that neither the Ismail Center nor any of the other Released Parties owe me any legal duties to ensure that I am correctly and safely using workout equipment or correctly and safely exercising. I accept all responsibility for learning safe and proper methods for exercise, usage of equipment, and general physical activity. I accept the risks and any resulting injuries from any uninformed or novice exercise activity.

5. I agree to indemnify and hold Released Parties harmless from all losses, liabilities, damages, costs, and/or expenses (including but not limited to reasonable attorney’s fees and other costs and expenses related to litigation) incurred by any Released Parties as a result of any claims or suits that I (or anyone claiming by, under, or through me) may bring against any Released Parties to recover losses, liabilities, costs, damages, or expenses which arise during or result from my use of the Ismail Center or my participation in the Adult Fitness Program, or through any activity that is reasonably related to my membership at the Ismail Center or my participation in the Adult Fitness Program.

6. I give permission for Purdue and its employees, agents, representatives, and volunteers, as well as any emergency personnel, to make necessary first aid decisions in the event of an accident, injury, or illness I may suffer during my participation in Ismail Center activities, the Adult Fitness Program, or related exercises, classes, or use of equipment. If I need medical treatment, I shall be financially responsible for any costs incurred as a result of such treatment.

I have carefully read and reviewed the foregoing Waiver, Release, & Hold Harmless Agreement. I understand it fully and execute it voluntarily.

Signature__________________________ Printed Name____________________________ Date____________

please complete the remaining pages
Physical Activity Readiness Questionnaire – PAR-Q

Please read the questions carefully and answer each one honestly. Circle Y for YES or N for NO

Y N 1. Has your doctor ever said that 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 (for example, water pills) for your blood pressure or heart condition?

Y N 7. Do you know of any other reason why you should not do physical activity?

Y N 8. Are you pregnant?

*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, 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.

*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.

☐ Yes I would like to have a full assessment and exercise program before beginning participation in an exercise program. A Medical/Health Status Questionnaire must be completed prior to scheduling an assessment.

PLEASE INFORM the Ismail Center staff when there has been a change in your health status. Changes in medications, injuries and/or surgeries should be reported as soon as possible so that your exercise program may be reviewed to be sure that it best serves your current needs. © Canadian Society for Exercise Physiology: Supported by Health Canada

Signature_____________________________ Date________________

Emergency Contact Information

Contact Person________________________________ Relationship__________________

Phone Number____________________________________________________________

Primary Physician’s Name___________________________________________________

Physician’s Phone Number__________________________________________________

MEDICATIONS

Do you routinely take any prescription medications? Yes No

If so, please list below

1. __________________________________________ 6. ______________________________

2. __________________________________________ 7. ______________________________

3. __________________________________________ 8. ______________________________

4. __________________________________________ 9. ______________________________

5. __________________________________________ 10. ______________________________
Refund Policy
If at any time during the first two weeks you decide that this is not the place for you, we ask that you complete a refund authorization form and submit it to the Ismail Center for review. We want this program to be beneficial to you and fit your current lifestyle. Fees will be NON-REFUNDABLE after the first two weeks of your membership with the following exceptions, medical or death. In the case of a medical excuse, a written documentation from the member’s physician is required prior to refund approval. Members may elect to apply a membership freeze, membership credit, or membership refund. Membership credit or refund will be adjusted based on the amount utilized prior to the termination of the membership.

Lockers
Daily use lockers and a limited number of rentable lockers will be available at Lyles-Porter Hall. Items left in the daily use lockers will be removed by the staff at the end of the day. When your rentable locker membership expires we ask that you remove your belongings and return the combination lock to the front desk. Failure to do this will result in a $5.00 per month charge for maintenance and storage of personal belongings. The replacement cost for a lost key and keytag is $5.00 each.

Membership Options/Rates Effective August 2, 2014

Please select the appropriate membership rate and payment option for your membership. No cash payments will be accepted for membership fees. Please make check payable to PURDUE UNIVERSITY or credit card payments may be accepted.

PAYROLL DEDUCTION: Is available only for Annual Memberships beginning each September. A Payroll Deduction Authorization form must be completed and signed in addition to this membership form.

Option 1: Full Membership includes: Ismail Center at Lyles-Porter Hall with daily use lockers and towel service, Lambert track during designated hours, and Lambert locker (no towel service).

<table>
<thead>
<tr>
<th></th>
<th>4 months</th>
<th>Annual</th>
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</thead>
<tbody>
<tr>
<td>Faculty/Staff</td>
<td>$135.00</td>
<td>$375.00</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>$150.00</td>
<td>$425.00</td>
</tr>
</tbody>
</table>

Option 2: Locker at Lyles-Porter Hall: Half and full lockers may be rented based upon availability.

<table>
<thead>
<tr>
<th></th>
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<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half Locker</td>
<td>$20.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Full Locker</td>
<td>$35.00</td>
<td>$100.00</td>
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</table>

Option 3: Fieldhouse at Lambert Membership includes: Lambert track and locker during designated hours. Towel service not included.

<table>
<thead>
<tr>
<th></th>
<th>6 months*</th>
<th>Annual</th>
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</thead>
<tbody>
<tr>
<td>Faculty/Staff</td>
<td>$80.00</td>
<td>$155.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$90.00</td>
<td>$170.00</td>
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<tr>
<td>Community</td>
<td>$35.00</td>
<td>$100.00</td>
</tr>
<tr>
<td>Locker only fee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Six month memberships begin on November 1st and end on May 1st

Option 4: SilverSneakers Faculty/Staff Spouse Community ID#______________________________

Prime Faculty/Staff Spouse Community

Four month membership rates may be pro-rated monthly per policy. Annual memberships will not be pro-rated.

The 4 month memberships are as follows: FALL: SEPTEMBER 1st through DECEMBER
SPRING: JANUARY 1st through APRIL
SUMMER: MAY 1st through AUGUST

Annual memberships begin: September 1st, January 1st, or May 1st

The Ismail Center Staff reserves the right to deny a membership based on refusal to have a Health and Fitness Assessment, failure to receive medical clearance from a physician, or extreme health risk of an individual.
Ask each member: How did you hear about the Ismail Center:
____Friend  ____Purdue Today  ____Brochure  ____Postcard  ____Health Fair  __Other:______________________

Locker #__________ Parking Pass #__________ Check #_________ Check $__________ Date__________

Ismail Staff Signature:_________________________________ Credit Card Keytag number__________________

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[THIS SECTION INTENTIONALLY LEFT BLANK]

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A. H. Ismail Center for Health, Exercise and Nutrition
Adult Fitness Program

Lambert Fieldhouse
800 W. Stadium Ave.
West Lafayette, IN 47907
(765) 496-1015

Lyles-Porter Hall
715 Clinic Drive
West Lafayette, IN 47907

Membership Payment
(To be filled out by registering member)

You may mail your payment information. Only completed registration forms will be processed. Please ensure that ALL information on this form is accurately filled out and up to date. All information remains confidential and will help determine the best exercise regimen for you. Credit card information provided below will be disposed of following Purdue policies and procedures.

Make checks payable to PURDUE UNIVERSITY or use VISA, MASTERCARD or DISCOVER.

CARD#_____________________________________ Exp.Date_______ Signature__________________________

Zip Code__________________________ 3 Digit V-Code____________________

(if dropped off or sent by mail)

Revised 12/2014