Waiver, Release, & 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). 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
To provide our members with the safest exercise experience, we ask that you complete the questionnaire below. The results will be used to determine if we need to obtain a physician clearance before you begin your exercise program. In addition, the Center will not be tracking or requiring proof of vaccination from members. As another safety precaution, the staff encourages and expects members who are not fully vaccinated to wear a face mask during exercise. Face masks are optional for members who are fully vaccinated.

Section 1 – Current Physical Activity
When answering the following questions in this section, please note the following definitions:

Moderate Intensity: An activity that causes noticeable increases in heart rate and breathing (e.g. brisk walking)

Vigorous Intensity: An activity that causes substantial increases in heart rate and breathing (e.g. jogging)

Over the last three months, have you regularly participated in physical activity for at least 30 minutes, three days/week at a moderate intensity?
□ No □ Yes

If yes, which of the following best describes any vigorous intensity activity in your regular routine in the last 3 months?
□ I participate in some or all vigorous intensity activity
□ None, but I want to begin some vigorous intensity activity
□ None, and I want to continue moderate intensity activity

Section 2 – Medical Conditions
Please select any of the following medical conditions that you currently have or had.
□ Heart attack □ Heart valve disease
□ Heart surgery □ Heart transplantation
□ Cardiac catheterization □ Congenital heart disease
□ Coronary angioplasty (PTCA) □ Abnormal heart rhythm
□ Heart failure □ Renal (kidney) disease
□ Pacemaker/implantable cardiac defibrillator □ Type 1 or Type 2 diabetes
□ Peripheral vascular disease (PVD or PAD) □ Cerebrovascular disease – stroke or TIA

Section 3 – Signs or Symptoms
Please select any of the signs or symptoms that you have recently experienced.
□ Pain, discomfort in the chest, neck, jaw or arms at rest or upon exertion
□ Shortness of breath at rest or with mild exertion
□ Dizziness or loss of consciousness during or shortly after exercise
□ Shortness of breath occurring at rest or 2-5 hours after the onset of sleep
□ Edema (swelling) in both ankles that is most evident at night or swelling in a limb
□ An unpleasant awareness of forceful or rapid beating of the heart
□ Pain in the legs or elsewhere while walking; often more severe when walking upstairs/uphill
□ Known heart murmur
□ Unusual fatigue or shortness of breath with usual activities

Section 4 – Acknowledgement, Follow-Up and Signature
I acknowledge that I have read this questionnaire in its entirety and have responded accurately, completely, and to the best of my knowledge. Any questions regarding the items on this questionnaire were answered to my satisfaction. Also, if my health status changes at any time, I understand that I am responsible to inform a staff member at this facility of any such changes.

_________________________________________
Print Name

_________________________________________
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. ___________________________________________  5. ___________________________________________
2. ___________________________________________  6. ___________________________________________
3. ___________________________________________  7. ___________________________________________
4. ___________________________________________  8. ___________________________________________

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.

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

Lambert Fieldhouse  Lyles-Porter Hall
800 W. Stadium Ave.  715 Clinic Drive
West Lafayette, IN 47907  West Lafayette, IN 47907
(765) 496-1015
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**.

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.

PAYOUT DEDUCTION: Is available only for Annual Memberships beginning January 1st or September 1st. 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>Membership Type</th>
<th>4 months</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty/Staff</td>
<td>$145.00</td>
<td>$403.00</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>$161.00</td>
<td>$457.00</td>
</tr>
<tr>
<td>Fitness Assessment</td>
<td>$50.00</td>
<td>Free</td>
</tr>
</tbody>
</table>

**Option 2:** **Personal Training:** One on one session with a certified trainer

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>One Hour Session</th>
<th>10 Total Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty/Staff</td>
<td>$35.00</td>
<td>$323.00</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Option 3:** **Locker at Lyles-Porter Hall:** Half and full lockers may be rented based upon availability.

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>4 months</th>
<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>
</tr>
</tbody>
</table>

**Option 4:** **Fieldhouse at Lambert Membership includes:** Lambert track and locker during designated hours. Towel service not included.

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>4 months</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty/Staff</td>
<td>$81.00</td>
<td>$167.00</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>$90.00</td>
<td>$170.00</td>
</tr>
<tr>
<td>Locker only fee</td>
<td>$50.00</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

**Option 5:** **SilverSneakers**

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Faculty/Staff</th>
<th>Spouse</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prime</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RenewActive</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ID#__________________________

Confirmation Code_________________

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:

<table>
<thead>
<tr>
<th>Selection</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Friend</td>
<td>Purdue Today</td>
<td>Brochure</td>
<td>Postcard</td>
<td>Health Fair</td>
</tr>
</tbody>
</table>

Locker #__________ Keytag number__________________

____ Member requested a fitness assessment and was given a medical/health questionnaire.

Ismail Staff Signature:_________________________________

______________________

Revised 08/2021