

# **The Union Club**

*Fitness Center*

**Registration Forms Packet**

## Rules of Conduct & Policies and Procedures Statement

Policies and procedures are designed to ensure that you, as a registered user or guest of The Union Club Fitness Center, have the safest and most enjoyable experience possible. Please take the time to review the information covered in this document carefully and sign when you have finished. Much of this information will be reviewed with you by a Fitness Center staff member as a part of the user entry process. If you have any questions or concerns about the information covered in this document or need assistance of any kind, please feel free to ask either member of The Union Club Fitness Center Staff. **Thank You!**

### ➤ **Membership Eligibility:**

- All members and spouses of The Union Club are eligible to become users of the Fitness Center. There is no additional cost or fees associated with this membership.
- A Fitness Center staff member can provide prospective members as well as overnight guests, member's guests and reciprocal club members with required forms for completion prior to using the facility.

### ➤ **Guest Policy:**

- o Fitness Center members are welcomed to bring guests to the Fitness Center. Guests must be at least 18 years of age and must be accompanied in the Center by the member. There is a \$10 fee / guest /day which will be billed to the member's account at the time of the visit.

### ➤ **Non-Member Exercise:**

- Only registered users of The Union Club Fitness Center are allowed to use the locker rooms and exercise area. All members of The Union Club may however use the facility for massage therapy and/or to participate in specific programs / services that are designated as "open to all members of The Union Club".

### ➤ **Safety and Emergency:**

- A member of The Union Club Fitness Center Staff may, if he/she feels that a member is exercising in an unsafe manner ask the member to stop performing the exercise in question.
- The Fitness Center is supervised 6 AM – 8 PM Monday through Friday unless otherwise posted by the staff. In case of an emergency, please notify a staff member immediately, and follow the staff instruction to aid in the emergency maneuvers. **The Fitness Center is open on Saturdays from 8 AM – 12 PM without staff supervision. Members are encouraged to use the facility while other members are exercising. This "Buddy" system is a safety measure to give you assistance in case of an emergency. In case of an emergency, please notify the front desk attendant on the First Floor, and follow the Fitness Center emergency procedures posted next to each phone in the facility.**
- All safety and emergency procedures as explained / described by the staff (and/or posted) are to be used at all times.

### ➤ **Sign-In:**

- Users are required to log in upon entry of the facility. Please ask a staff member to log you in
- Users are required to sign out a locker key at the front desk

### ➤ **Courtesy:**

- Users who are performing multiple set exercises should allow those who are circuit training to work in and avoid slowing the circuit.
- All facility equipment should be returned to its proper location when you are finished.
- Users should refrain from any noise or activity that may be distracting or offensive to others.
- Profanity is not appropriate in the facility at any time.
- As a courtesy to other members, please wipe down the equipment when you are finished. Spray bottles with cleaner and towels will be conveniently provided for this purpose. We appreciate your support in keeping the equipment clean for all users!

### ➤ **Appointments:**



## INFORMED CONSENT AND RELEASE OF LIABILITY

### Informed Consent

**I acknowledge that I have read and understand the registration process of The Union Club Fitness Center. I understand that as a participant who is to be tested and given an exercise program in The Union Club Fitness Center program, I will be asked to undertake physical testing designed to measure: present cardiovascular exercise response and present body composition and conditioning level.**

I am aware that the fitness testing given in connection with my Club's sponsorship of the program is for the purposes of (1) designing a personal exercise program and (2) providing information on conditioning levels compared to norms. I understand the fitness testing is not intended to replace medical screening and that it is my responsibility to consult with my physician regarding my wellness program participation.

I understand that I will be questioned by the Fitness Center Staff about my health status, and I agree to provide information relating to all medications, treatments, physical impediments and medical conditions, before participating. I certify that the information I provide to the Fitness Center Staff about my health and exercise history and current health status is, to the best of my knowledge, complete and accurate, and I agree to inform the Fitness Center Staff in the event of any change in my health or medical status.

It is my understanding, and I have been informed that there is the possibility during testing or exercise of adverse health changes including abnormal blood pressure response, fainting, disorders of heart rhythm and in rare instances of heart attack and possibly death. I also understand that there is risk of injury such as a pulled muscle, sprained ankle, or a stress fracture. Knowing all these risks it is still my desire to participate in testing and/or the exercise program.

I am aware that I may stop the physical fitness testing or exercise at any time, and I agree to report any physician problems to the Fitness Center Staff.

I understand the use of the Fitness Center is strictly voluntary. I agree to be bound by and obey all the guidelines of the Fitness Center staff in my use of these facilities.

I have been informed that the information which is obtained in this program will be treated as confidential and will not be revealed without my written consent, except to authorized personnel from the Fitness Center Staff or as is legally required.

**Release of Liability and Covenant Not To Sue**

I am aware that exercise is a physically stressful activity and in rare instances can even be harmful and result in death. I am also aware that anyone who smokes, has ever had elevated blood pressure, is male and over 45 years of age or female over 55 years of age, presently does not exercise, has ever had cardiac (heart) problems, is overweight, has diabetes, has any other cardiovascular problems, or is susceptible to orthopedic problems is at greater risk while exercising.

I understand that my use of The Union Club Fitness Center, its programs and equipment is voluntary and at my own risk, and in consideration of being allowed to use The Union Club Fitness Center, and being tested and given an exercise program, **notwithstanding whether any fitness personnel are or may not be provided, and in fact during posted and scheduled time the fitness center will not be supervised,** I hereby release discharge, and covenant not to sue in the future, The Union Club, The Union Club's subsidiaries and affiliates, The Union Club Fitness Center, and all of their directors, officers, employees, agents, successors and assigns and ProFitness Health Solutions, and all of their directors, officers, employees, agents, successors and assigns with respect to any and all claims, demands, actions, or causes of action whatsoever, including claims arising from the negligence or malpractice of nay person or party, including The Union Club and/or its agents or employees, and from any and all liability for any loss or property damage or personal injury of any kind, nature, or description, including death, that may arise or be sustained by me during or related to my participation in The Union Club Fitness Center Program, including but not limited to related testing, facilities, equipment, advisors, and professionals. I recognize and acknowledge that I execute this Release and Covenant Not to Sue voluntarily and as a condition of my participation in the Fitness Center Program, and that neither my execution of this document nor my participation in the Fitness Center Program are required by or a condition of my membership in The Union Club, its subsidiaries or affiliates. This Release shall be binding upon my heirs, administrators, executors, and assigns.

**UNDERSTANDING BETWEEN PARTIES**

I represent that I have read and understood and have had an opportunity to ask questions concerning this Informed Consent and Release of Liability. I acknowledge that this release is being relied on by The Union Club and the Fitness Center in permitting me to use the Fitness Center. I understand that at any time I may review this Informed Consent and Release by requesting a copy from the Fitness Center staff.

If any portion of this agreement is deemed to be invalid it will not affect the enforceability of the remainder of this agreement.

Member/User Name	Member/User Signature	Date
Witness Name	Witness Signature	Date

# ProFitness Health Solutions – Pre-Exercise Screening Questionnaire

Please answer all questions and return the completed form to the fitness center staff. To protect your privacy and to conform to HIPAA regulations regarding confidentiality of medical information, we request that the form is returned in person to the fitness center staff. If this is not possible, please send, via U.S. Mail to \_\_\_\_\_.

*All information is kept strictly confidential by the fitness center staff.*

Name \_\_\_\_\_ Male / Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
(please print)

Mailing Address \_\_\_\_\_ Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Eve. Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Provide if you want to be on our email list)

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of last physical \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Are you a male age 45 or above?</b>	Y / N
<b>Are you a female age 55 or above?</b>	Y / N
<b>Do you have a history of any of the following health conditions?</b>	
<b>Heart / Vascular</b>	Y / N
<i>Please specify:</i>	
<input type="checkbox"/> angina, chest pain (at rest or exertion) <input type="checkbox"/> shortness of breath or unusual fatigue <input type="checkbox"/> ankle edema <input type="checkbox"/> coronary angioplasty or cardiac surgery <input type="checkbox"/> heart disease, heart attack <input type="checkbox"/> irregular heartbeats or palpitations <input type="checkbox"/> heart murmur/mitral valve prolapse <input type="checkbox"/> peripheral vascular disease <input type="checkbox"/> stroke (if yes, date: _____)	
<b>Metabolic Disease</b>	Y / N
<i>Please specify:</i>	
<input type="checkbox"/> kidney disease <input type="checkbox"/> liver disease <input type="checkbox"/> diabetes <input type="checkbox"/> thyroid disorder <input type="checkbox"/> other metabolic disorders _____	
<b>Respiratory problems</b>	Y / N
<i>Please specify:</i>	
<input type="checkbox"/> asthma <input type="checkbox"/> emphysema, <input type="checkbox"/> chronic bronchitis <input type="checkbox"/> other pulmonary disease	
<b>Seizure disorders or convulsions</b>	Y / N
<b>WOMEN:</b> Are you pregnant?	Y / N

**IF you marked "Y" to one or more of the above . . .**

**Coronary risk factors**

Do you have impaired fasting glucose (fasting blood sugar  $\geq 110$  mg/dL)? Y / N

Have your parents, siblings or children had a history of heart disease prior to age 55? Y / N

Are you aware that you have high blood pressure (i.e.  $\geq 140/90$ ) Y / N  
 Recent BP reading: \_\_\_\_\_/\_\_\_\_\_

Do you currently smoke or have you quit within the past 6 months? Y / N

Are you aware that you have high cholesterol? (i.e. total cholesterol  $> 200$  mg/dl) or are you on lipid lowering medication? Y / N

Are you sedentary? (i.e. less than 30 min. of moderate activity most days of the week?) Y / N

Is your waist circumference  $> 39.4$ " and/or your BMI  $\geq 30$  Kg/m<sup>2</sup>? Y / N  
 Ht.: \_\_\_\_\_ in. Wt.: \_\_\_\_\_ lbs. (self-report)  
 (5 ft = 60 inches)

**IF you marked "Y" to two or more of the above . . .**

**. . . THEN** you must have your doctor complete and submit a Physician's Clearance Form **OR** Sign the Non-Physician's Clearance Exercise Waiver prior to joining the fitness center

- Please check if you have any of the following conditions. These conditions may require physician's clearance.**
- Light-headedness, dizziness or fainting? Please explain: \_\_\_\_\_
  - Major surgery or hospitalization within the past 6 months. Please explain: \_\_\_\_\_
  - Musculoskeletal problems (e.g. arthritis, back, knees, etc.): \_\_\_\_\_
  - Prescribed medications, please list those that you are taking: \_\_\_\_\_
  - Do you have any other medical conditions or physical limitations that may affect participation in an exercise program?  
*Please indicate:* \_\_\_\_\_

I verify that I have answered all questions truthfully and to the best of my knowledge. If I have a change in my health status during the course of my physical activity program, I will notify the fitness center staff immediately and provide information as requested. I understand that my Fitness Center membership may be terminated if it has been determined that a change in my health status has made it unsafe to continue my physical activity program.

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

The information obtained during the member entry process is designed to optimize safety and foster attainment of personal goals. All information will be kept strictly confidential and will only be available to ProFitness Health Solutions personnel unless otherwise authorized in writing by the individual.

# Pro-Fitness/HealthSouth PESQ part 2

Attach to front of PESQ

Year One

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Member no. \_\_\_\_\_

- Overall, how would you rate your health in the past 4 weeks?
  - Excellent
  - Very Good
  - Good
  - Fair
  - Poor
- Compared to one year ago, how would you rate your general health now?
  - Much better now
  - Somewhat better now
  - About the same
  - Somewhat worse
  - Much worse now

### For Staff Use Only:

BP: \_\_\_\_\_/\_\_\_\_\_ L R

Ht: \_\_\_\_\_ ft. \_\_\_\_\_ in. Wt: \_\_\_\_\_ lbs.

BMI: \_\_\_\_\_ Waist Circ: \_\_\_\_\_ in.

F \_\_\_\_\_ I \_\_\_\_\_ T \_\_\_\_\_

Chg. Stage: \_\_\_\_\_

Staff Notes:

Staff Initials: \_\_\_\_\_

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# Pro-Fitness/HealthSouth PESQ part 2

Attach to front of PESQ

Annual renewal after year one.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Member no. \_\_\_\_\_

- Overall, how would you rate your health in the past 4 weeks?
  - Excellent
  - Very Good
  - Good
  - Fair
  - Poor
- Compared to one year ago, how would you rate your general health now?
  - Much better now
  - Somewhat better now
  - About the same
  - Somewhat worse
  - Much worse now

### For Staff Use Only:

BP: \_\_\_\_\_/\_\_\_\_\_ L R

Ht: \_\_\_\_\_ ft. \_\_\_\_\_ in. Wt: \_\_\_\_\_ lbs.

BMI: \_\_\_\_\_ Waist Circ: \_\_\_\_\_ in.

F \_\_\_\_\_ I \_\_\_\_\_ T \_\_\_\_\_

Chg. Stage: \_\_\_\_\_

Staff Notes:

Significant changes noted by member since last PESQ:

Staff Initials: \_\_\_\_\_

I attest that I have (as of the most currently dated initials throughout and signature below) revised and updated my PESQ and that the information is true to the best of my knowledge. I understand that I will be asked to update this information annually or any time a significant change occurs in my health status.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**THE FITNESS CENTER**  
**EXERCISE WAIVER**  
 (Without physician's clearance form)

I am aware that exercise can be physically stressful and in certain instances can even be harmful and result in death. I am also aware that anyone who smokes, has ever had elevated blood pressure, is a male of 45 years or a women of 55 years of age or older, presently does not exercise, has ever had cardiac (heart) problems is overweight, has diabetes, has any other cardiovascular problems or is susceptible to orthopedic problems is more at risk while exercising. I am fully aware that ProFitness Health Solutions follows the American College of Sports Medicine Pre-Exercise Screening Guidelines. I understand that it has been recommended that I should consult with my personal physician and obtain a written physician's clearance certifying that I am able to begin or continue any exercise program because based on my answers to the pre-exercise screening questionnaire, I have the risk factors (highlighted below) and in addition I may (at my own risk) forfeit my right to obtain written physician's clearance prior to beginning or continuing my exercise program.

- |  |  |
|--|--|
| <input type="checkbox"/> Men ≥ 45 years of age                                       | <input type="checkbox"/> Women ≥ 55 years of age |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Smoking                 |
| <input type="checkbox"/> Elevated cholesterol level                                  | <input type="checkbox"/> Overweight for height   |
| <input type="checkbox"/> Family history of CV disease                                | <input type="checkbox"/> Pregnancy               |
| <input type="checkbox"/> Pulmonary disease _____                                     | <input type="checkbox"/> Systemic disease _____  |
| <input type="checkbox"/> Orthopedic condition _____                                  | <input type="checkbox"/> Metabolic disease _____ |
| <input type="checkbox"/> Personal cardiovascular disease history _____               |  |
| <input type="checkbox"/> Signs/symptoms suggestive of CVD or metabolic disease _____ |  |
| <input type="checkbox"/> Other _____   |  |

I understand that my participation in the Fitness Center program and classes is voluntary and at my own risk, and in consideration for my being permitted to use the facilities, programs, and classes, not withstanding whether any fitness personnel are or may not be provided, **and in fact during posted and scheduled times the fitness center will not be supervised,** hereby release The Union Club; affiliates of The Union Club; any of its or their respective officers, directors, agents or employees; the Fitness Center and all of its members; and ProFitness Health Solutions, affiliates of ProFitness Health Solutions; and any of its or their respective officers, directors, agents or employees from and agree to hold any and all of the released individuals or entities harmless against, any claims or liability arising out of my participation in any of the Fitness Center programs or use of facilities. I further agree not to sue or make any claim of any nature whatsoever relating to or arising out of my participation in any of the Fitness Center programs or use of Facilities in any court, agency, or other forum or proceeding against any individual or entity whom I have released and agreed to hold harmless in the preceding sentence.

I have read this form and have had the opportunity to ask questions and consult with my attorney. I have sufficient information to give my informed consent to participate in the exercise program.

Name (print) \_\_\_\_\_  
 Year 1 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Witness \_\_\_\_\_ Date \_\_\_\_\_

I also understand that currently there are no significant changes in my medical history as determined by a staff review of my updated pre-exercise screening questionnaire and if in the past I was required to obtain a physician's clearance form then I have obtained verbal consent from my physician to continue my exercise program and as such I am not required to submit a newly signed physician's clearance form.

I have re-read this form and have had the opportunity to ask questions and consult my attorney. I have sufficient information to give my informed consent to continue to participate in the exercise program.

Year 2 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Witness \_\_\_\_\_ Date \_\_\_\_\_  
 Year 3 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Witness \_\_\_\_\_ Date \_\_\_\_\_

All information collected as a result of this evaluation becomes the sole property of ProFitness Health Solutions. None of this information is reviewed or available to any other individuals.  
 exwomdc.doc/startup