

This membership agre	eement, including th between The Welln	e Terms & Col ess Center an	nditions of Memb d those persons v	ership, ("Agreer whose name is s	ment") is made this set forth below.	day of
Name						
Student Staff/Facult	y Family/Affiliate	Resident	LSU ID #:		(6 digits bottom righ	it on back of ID)
DOB/_ MM DD	/					
Home Address				City/State/Z	(ip	
Home Phone		Cell F	Phone			
Email Address					_	
Emergency Contact_	Name	Relationship	р	Phone		
understand and am ar hazardous. I also und accept any and all risl own safety, health, ar the LSUHSC Wellnes to consult with a phys my participation in and being allowed to partic machinery in addition Board of Supervisors Sciences Center – Ne from any and all liabili activities or my use of the LSUHSC Wellnes affirm that I have had satisfaction. I understand membership. I understandid or unenforceat understand, and agre ACTION, which I may equipment, or machin	ereby expressly and ware that strength, for erstand that fitness as of injury or death and welfare during this is Center activities, for ician to ensure that do use of any of the Locipate in the activitie to the payment of a of Louisiana State Locipate in the activitie to the payment of a of Louisiana State Locipate in the activities of equipment or mach is Center. I agree to the opportunity to as and and agree that the stand and agree that the tand and agree that the that this is an ASS of have or might accrusive.	lexibility, and vactivities involvantly results activity. I ack activity. I ack activity. I ack activity. I ack activity. SUHSC Well as and programmy fee or charged activity and activity and activity and activity in the LS abide by all posk questions a his Assumption if any part of the activity of the activity of the activity and activity activity.	various activities a ve a risk of injury It from my particip thowledge that it ment, or machine able to participa ness Center activities of the LSUHSO ge, I do hereby w Agricultural and Marticipation, injuries, dan SUSHC Wellness blicies and procedure and any questions on of Risk and Watthis Assumption of remain in full forces of my participation	and exercises, in and even death pation in this act is my obligation ery is consistent te in these activities, facilities, eduction and continues and effect of Risk and Relect and effect. My AIVER OF ANY in or use of LS	LSU HEALTH WELLNIncluding the use of equipated in I hereby agree to exprivity. I understand that I to ensure my participation with any physical limitalities. I do hereby assum quipment, and machine ter, and to use its facilitied forever discharge the ege, Louisiana State Under officers, employees, as resulting from my participation by the LSUHSC Wellness ave been answered to rewill be held on file for the lase of Liability is for any signature indicates the AND ALL CLAIMS OR SUHSC Wellness Center	ipment, is potentially ressly assume and I am responsible for my ion in or use of any of ations I may have, and he full responsibility for ery. In consideration of ies, equipment, and a State of Louisiana, hiversity Health agents and all others icipation in any n in any activities at as Center. I further my complete e duration of my y reason found to be at I have read, CAUSES OF
Signature					-	
Date						

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. THIS RELEASES THE LSUHSC Wellness Center FROM ANY LIABILITY RESULTING FROM MY PARTICIPATION IN THE ABOVE DESCRIBED LSUHSC WELLNESS CENTER SPONSORED PROGRAMS.

PAR-Q

(Physical Activity Readiness Questionnaire)

1.	Has your doctor ever said you have a heart condition and that you should only do physical activity reco		-
		Y _	
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 (i.e. Water pills) for your blood pressure or heart condition?	Y _	N
7.	Do you Know of any reason why you should not do physical activity?	Y	N
	NEW FAMILY/AFFILIATE ID INFORMATION Donsor Name:		
Relation	nship with Applicant:		
Email: _			
Applica	nt Name:		
Phone:			
Email:			
Birthpla	ace:		
Last 4 o	of SSN:		
We Dat	llness Staff Member:		