WARNING, LIABILITY, RELEASE AND ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS

Gaston College Fitness Center, Exercise Room & Pool

Voluntary use of fitness facilities (including but not limited to equipment) and activity programs offered by Gaston College have been designed to provide participants with the optimum level of beneficial exercise and enjoyment. Inherent in any exercise program, however, is the risk of injury through improper use of equipment or imprudent exercise beyond your capability. Also, injury could occur due to conduct of others in any physical activity and equipment used or through your participation in activities and equipment use.

Prior to volunteer participation in the use of Gaston College facilities and equipment you will be instructed on the proper use of equipment. For your own safety and well being, as well as to minimize any risk on the part of Gaston College, it is important that you learn these tasks and faithfully and regularly incorporate them into your exercise program and physical activities. Additionally, it is recommended that you consult with your physician before engaging in any exercise program or other physical activity. Please be advised that we do not prescribe specific medical programs or treatments.

In consideration of the above factors, I, the undersigned participant, acknowledge

- That I am a Gaston College employee or student and understand that failure to provide accurate information may result in forfeiture of privileges and facility use;
- The existence and need for certain rules and procedures concerning the use of equipment, facilities, and activities in the fitness center, exercise room, and pool. I agree to abide by those rules and procedures and shall make every effort to ensure that equipment and facilities are kept in a safe and usable condition;
- The existence of risk of injury or death connected with voluntary participation in exercise programs and activities. I agree to assume such risks, and agree to accept the responsibility for any injuries or death sustained by me in the course of using the facilities and/or equipment; and

I have read the foregoing and I acknowledge my understanding of the risks set forth above. I knowingly agree to assume full responsibility for my safety and release Gaston College, its employees or agencies, from any liability from injury or death that may incur.

________________________________________________________________________  ________________________________________________
Date  Gaston College Representative

________________________________________________________________________  ________________________________________________
Participant (Print)  Participant Signature

☐ Student enrolled in a HEA or PED course
☐ Faculty/Staff member
☐ Gaston College Student

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The following policies and procedures are established so that everyone, including you, can have a safe and pleasant workout experience. No member may use the Health and Fitness Center until they have completely read, understand and sign the Facility policies and procedures form. A valid Gaston College name tag is required to gain access to the facility. A Gaston College name tag can be obtained from the Campus Police office.

INFORMED CONSENT
STUDENTS
All students MUST complete an Informed Consent form. It is the student’s responsibility to submit this form to their instructor before they can begin a class. It is recommended that students complete the information form and return it to the instructor/attendant as soon as possible.

FACULTY & STAFF
All participants that want to use the Fitness Center Facilities MUST complete an Informed Consent form. It is the participant’s responsibility to submit this form before they can begin using the facilities. It is recommended that participants complete the information form and return it to the Health Promotions Department as soon as possible.

ORIENTATION
STUDENTS
After completing the Informed Consent form, all students will be required to complete an orientation during their first visit to the Fitness Center. The orientation covers information regarding the operation of the Fitness Center, student responsibilities, and equipment use. Students are encouraged to ask questions.

FACULTY/STAFF
After completing the Informed Consent form, all participants will be required to complete an orientation during their first visit to the Fitness Center. The orientation covers information regarding the operation of the Fitness Center, participant responsibilities, and equipment use. Participants are encouraged to ask questions.

ATTIRE and SHOES
• Proper workout attire (shorts, T-shirts, sweatpants, sweatshirts, swimwear) must be worn. Jeans or pants with buttons, hardware (zippers/rivets) and straps are not allowed.
• Attire must fit properly, and not be loose on the body.
• Proper closed-toed athletic footwear is required in the Fitness Room and the Movement Room. No bare feet, sandals, or open-toed shoes are allowed on the floor. (Bare feet are acceptable in Movement Room during Yoga classes).
• Aquatic footwear or barefoot is required in the Aquatic Room. Street shoes or dress shoes are not permitted on the pool deck.
• Shirts must be worn at all times in the Fitness & Movement Room. Full length sports bras are allowed for women.
CARDIO EQUIPMENT
- 30 minute time limit on cardiovascular equipment unless otherwise stated.
- Please make sure to apply sanitizer and wipe down equipment and machines after use.
- Please report malfunctioning equipment/machines to instructor/attendant.

FREE WEIGHTS
- Use weight collars and pins at all times for your safety and that of others.
- Return and rack all weights (plates, dumbbells, etc) after use.
- Do not drop the weights or lean them up against anything, and use extreme caution in mirrored areas.
- Please report malfunctioning equipment/machines to instructor/attendant.

GENERAL POLICIES
- Gaston College name tags must be worn at all times.
- The Gaston College Code of Conduct for students, faculty & staff must be followed at all times.
- No tobacco, smokeless or otherwise, allowed.
- No profanity or other abusive language.
- No gum/food or beverage but water in a plastic container.
- No children allowed.
- Do not bring in anything valuable (we are not responsible for any lost or stolen items).
- Report all injuries to instructor/attendant.
- Please shower prior to entering the pool.
- Please be responsible and clean up after yourself.
- No long, dangling jewelry permitted.
- No loose, baggy clothes permitted.
- There is not a lifeguard in the pool area. The pool will only be used with direct supervision by a qualified attendant.
- Noise levels are not to be such that they interfere with others around you. Use iPods, MP3 Players & radios respectively. No electronic devices in class.
- Violators of these policies may be asked to permanently leave the facility!!

I have read the foregoing and I acknowledge my understanding of the policies and procedures set forth above. I knowingly agree to assume full responsibility and follow these policies and procedures set forth by Gaston College.

________________________________________________________________________ ______________________________________________________________________
Date                               Gaston College Representative

________________________________________________________________________ ______________________________________________________________________
Student/Participant (Print)        Student/Participant Signature

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Rev. 100812
In the case of an emergency I would like the emergency personnel to know the following:

I am **allergic** to:
1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

I am taking the following **medication** (include what you are taking it for):
1. __________________________________________________________________________
2. __________________________________________________________________________
3. __________________________________________________________________________

**Emergency contact information:**

Name __________________________ Relationship ____________________________
Phone # __________________________ Alternate phone # __________________________
Email __________________________ Address __________________________

_________________________________________   ________________________________________________
Date  Gaston College Representative

_________________________________________   ________________________________________________
Student/Participant (Print)  Student/Participant Signature

This document supersedes all similar, yet previous, documents.
PHYSICAL ACTIVITY READINESS QUESTIONNAIRE / PAR-Q

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be in appropriate, or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the YES or NO beside each question. If you check YES, please explain.

YES  NO

1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? If “yes”, please explain: ________________________________

2. Do you feel pain in your chest when you do physical activity? If “yes”, please explain:

3. Do you lose your balance because of dizziness, or do you ever lose consciousness? If “yes”, please explain: ________________________________

4. Has a doctor ever said your blood pressure was too high? If “yes”, please explain:

5. Has your doctor ever told you that you have a joint or bone problem (such as arthritis) that has been aggravated by exercise, or might be made worse with exercise? If “yes”, please explain: ________________________________

6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to? If “yes”, please explain: ________________________________

7. Are you over age 60 AND not accustomed to vigorous exercise? If “yes”, please explain:

8. Do you suffer from any problems in the lower back, such as, chronic pain, or numbness? If “yes”, please explain:

9. Are you currently taking any medications? If “yes”, please specify:

10. Do you currently have a disability or a communicable disease? If “yes”, please specify:

If you answered NO to all questions above: It gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions is no guarantee that you will have a normal response to exercise.

If you answered YES to any of the above questions: Then you may need written permission from a physician before participating in physical and aerobic fitness activities and/or fitness evaluation testing at Gaston College.

_________________________  ___________________________  ______________________
Print Name  Signature  Date

Please note: If you contract a communicable disease, it is your responsibility to inform your instructor of this condition and you may be suspended from class activities until this condition is cured or in a state of remission. Also, if your health changes so that you then answer YES to any of the above questions, tell your instructor immediately. Ask him/her whether you should change your physical activity plan.