

**Last Name:**

Student Member - Community Member - Faculty & Staff (Current) - Faculty & Staff (Retired)

**(WELLNESS CENTER STAFF USE ONLY)**



# **MEMBERSHIP APPLICATION**

## **APPLICANT INFORMATION      PLEASE PRINT AND COMPLETE ALL SECTIONS**

Name:

Birth Year:

ID#:

Phone: Home:

Cell:

Current Address:

E-mail address:

## **COST**

All RSC Faculty, Staff (Current & Retired)  
Current Adjunct Faculty

Free

Students (1 credit hour or more)

Free

Individual Community Members

Adults: \$85 per **16-week** semester – Fall and Spring  
Seniors: \$57 per **16-week** semester – Fall and Spring  
Adults: \$42.50 per **8-week** semester – Fall and Spring  
Seniors: \$28.50 per **8-week** semester – Fall and Spring  
Adults: \$34 per Summer semester  
Seniors: \$23 per Summer semester

Applicants sign up for community memberships at the Continuing Education Office or call (405) 733-7392.

By signing, I agree to the terms of this application, and to the Rules and Regulations of the Wellness Center.

Signature of Applicant:

Date:



## **MEMBER**

### **Waiver of Liability, Release and Assumption of Risk**

In consideration of permission to use the facilities and equipment and avail myself of staff and services at the Rose State College Wellness Center (the "Center") I hereby: (i) release, discharge and covenant not to sue the Board of Regents of Oklahoma Colleges, Rose State College (RSC), and their regents, officers, employees and agents from any and all claims and liabilities for personal injury, accidents or illness (including death), and property loss resulting from or arising out of any activities or observation or use of any equipment, facilities or premises at or adjacent to the Center; (ii) assume all risks, inherent or otherwise, relating to the use of any equipment, facilities or premises and participation in or observation of in any activities whether or not they are organized or scheduled activities, recognizing that such use, observation or participation may involve risks ranging from minor injuries, accidents or illness to major injuries, either physical or psychological, to catastrophic injuries resulting in death; (iii) acknowledge that RSC does not require a medical exam or certification of physical ability as a condition to the use of the facility or any program or activity at the Center, and that I am responsible for all decisions relating to the use of the facility; (iv) acknowledge that it is my responsibility to consult my personal physician before using the facility and periodically thereafter; (v) represent that I do not have any physical, psychological or other condition or limitation that might make my use of the Center or any program or activity at the Center potentially dangerous or harmful to me or others.

I further expressly agree that this Waiver of Liability, Release and Assumption of Risk is intended to be as broad and inclusive as is permitted by the laws of the State of Oklahoma, and that if any portion of it is held invalid, that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this Waiver of Liability, Release and Assumption of risk and fully understand its terms, and **understand that I am giving up substantial rights, including the right to sue.** I acknowledge that I am signing this document freely and voluntarily, and **intend by my signature to be and grant a complete and unconditional release of all liability** to the greatest extent allowed by law.

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Member/Applicant (Please Print)

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Student ID#

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Signature of Member/Applicant

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Date

## INFORMATION FORM

## In Case of Emergency, Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_

## CONSIDERATION FOR EXERCISE PARTICIPATION

## Objective: To Determine the safety of exercise participation

**Introduction:** While exercise participation is relatively safe for most apparently healthy individuals under the age of 45, the reaction of the cardiovascular system to increased levels of physical activity cannot always be totally predicted. Consequently, there is a small but real risk of certain changes occurring during exercise participation. Some of these changes may include abnormal blood pressure, irregular heart rhythm, fainting, and in rare instances a heart attack or cardiac arrest. Therefore, it is imperative that you provide honest answers to this questionnaire. Exercise may be inadvisable under some of the conditions listed below, while others may simply require special consideration. If any of the conditions apply, you should consult your physician before you participate in an exercise program. You should also promptly report to the professional on duty any exercise-related abnormalities that you may experience during your workout.

- A. HAVE YOU EVER HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING CONDITIONS:
- \_\_\_\_\_ A myocardial infarction
  - \_\_\_\_\_ Coronary artery disease
  - \_\_\_\_\_ Congestive heart failure
  - \_\_\_\_\_ Elevated blood lipids (cholesterol/triglycerides)
  - \_\_\_\_\_ Chest pain at rest or during exertion
  - \_\_\_\_\_ Shortness of breath
  - \_\_\_\_\_ An abnormal resting or stress electrocardiogram
  - \_\_\_\_\_ Uneven-irregular, or skipped heartbeats (including a racing or fluttering heart)
  - \_\_\_\_\_ A blood embolism
  - \_\_\_\_\_ Thrombophlebitis
  - \_\_\_\_\_ Rheumatic heart fever
  - \_\_\_\_\_ Elevated blood pressure
  - \_\_\_\_\_ A stroke
  - \_\_\_\_\_ Diabetes
  - \_\_\_\_\_ A family history of coronary heart disease, Syncope, or sudden death before age sixty
  - \_\_\_\_\_ Any other heart problems that makes exercise unsafe

- B. DO YOU SUFFER FROM ANY OF THE FOLLOWING CONDITIONS:
- \_\_\_\_\_ Arthritis, rheumatism, or gout
  - \_\_\_\_\_ Chronic low back pain
  - \_\_\_\_\_ Any other joints, bones, or muscle problems
  - \_\_\_\_\_ Any respiratory problems
  - \_\_\_\_\_ Obesity (30% overweight)
  - \_\_\_\_\_ Anorexia
  - \_\_\_\_\_ Bulimia
  - \_\_\_\_\_ Mononucleosis
  - \_\_\_\_\_ Any physical disability that could interfere safe exercise participation
  - \_\_\_\_\_ Seizures

- C. DO ANY OF THE FOLLOWING CONDITIONS APPLY:
- \_\_\_\_\_ Do you smoke cigarettes?
  - \_\_\_\_\_ Are you taking any prescriptions drugs?
  - \_\_\_\_\_ Are you 45 years or older?
  - \_\_\_\_\_ Are you currently experiencing high emotional stress/tension?
  - \_\_\_\_\_ Have you been physically inactive for the past two months? (sedentary)

- D. IS THERE A GOOD PHYSICAL REASON NOT MENTIONED ABOVE WHY YOU SHOULD NOT FOLLOW AN ACTIVITY PROGRAM?
- \_\_\_\_\_ NO \_\_\_\_\_ YES, If yes, please explain \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_