

College of Southern Idaho  
Student Recreation Center  
**Informed Consent Agreement**



First Name:	_____	LastName:	_____
E-mail:	_____		
Date of Birth:	__/__/____	Phone number:	_____
Address:	_____		
	Street	City	Zip

I AGREE THAT MY DOCTOR HAS DISCUSSED ANY RECOMMENDATIONS OR RESTRICTIONS HE/SHE MAY HAVE PERTAINING TO MY PARTICIPATION IN MEDICALLY UNSEPERVISED EXERCISE PROGRAM.

Thank you for choosing to use the facilities, services, and programs of the College Of Southern Idaho Student Recreation Center. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, \_\_\_\_\_, declare that I intend to use some or all of the activities, facilities, programs, and services offered by Student Recreation Center (SRC), and I understand that each person (myself included), has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is related to my own state of fitness or health ( physical, mental, or emotional), and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I further understand that the activities, programs, and services offered by CSI at the SRC are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by participating in the activities, facilities, programs, and services offered by CSI at the SRC, I may experience potential health risks including but not limited to transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand that I may ask questions or request further explanation or information about the activities, facilities, programs, and services offered by CSI at the SRC at any time before, during, or after my participation.

**General Facility Rules**

1. **Members must be full-time student, full-time CSI employee, and spouse of full-time CSI employee or their dependents under 18. For all others wishing to use the facility a membership must be purchased.**
2. Members will sign in every time the facility is used. **Please initial here:** \_\_\_\_\_
3. All members must have a signed PAR-Q on file and medical waiver if needed.
4. Students under 18 must have PAR-Q sheet signed by parent or legal guardian (front & back).
5. Persons under 16 are not allowed in the weight room or on any cardio equipment.
6. Respect all staff, members, and equipment.
7. No smoking or use of tobacco allowed. No alcohol or controlled substances allowed.
8. No animals allowed unless assisting a person with a disability.
9. Food and drink is not allowed in the SRC. Water in plastic containers is acceptable.
10. LOCKERS not being rented are on a DAILY first-come, first-serve basis. All locks left overnight, will be cut and locker contents removed and placed in lost and found.
11. **The SRC is not responsible for lost or stolen personal belongings.**
12. Appropriate attire must be worn at all times (including shirt, sweats, tights, shorts, and athletic shoes). NO MIDRIFFS SHOWING OR CROP TOPS ALLOWED.
13. Members are to replace all equipment after use.
14. Members are to wipe down equipment after use.
15. Aerobic equipment will have a 30 minute limit during peak hours.
16. Do NOT slam weight stacks or drop free weights. Safety clamps must be used on weighted bars.
17. Any rule or safety behavior not stated is left to the judgment of the SRC staff.
18. Failure to comply with any CSI Student Recreation Center policies will result in the loss of facility privileges.

As a courtesy to others, please maintain proper hygiene by showering and washing your clothes. Thank you.

**I FULLY UNDERSTAND AND AGREE TO COMPLY WITH THE INFORMED CONSENT AGREEMENT.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

If under 18, signature of parent or guardian: \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Emergency Contact's Relationship to you** \_\_\_\_\_

## PAR-Q & YOU

### A questionnaire for people aged 16 to 69

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 16 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, please check with your doctor before becoming more physically active.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each other **honestly YES or NO**.

Yes	No	#	Question
		1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		2	Do you feel pain in your chest when you do physical activity?
		3	In the past month, have you had chest pain when you were not doing physical activity?
		4	Do you lose your balance because of dizziness or do you ever lose consciousness?
		5	Do you have a bone or joint problem that could be made worse by a change in physical activity?
		6	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		7	Do you know of any other reason why you should not do physical activity?

### If you answered...

YES TO ONE OR MORE QUESTIONS	NO TO ALL QUESTIONS
<p>Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered "YES."</p> <ul style="list-style-type: none"> <li>You may be able to do any activity you want, as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his or her advice.</li> <li>Find out which programs are safe and helpful for you.</li> </ul>	<p>If you answered "NO" honestly to all questions, you can be reasonably sure that you can:</p> <ul style="list-style-type: none"> <li>Start becoming more physically active—begin slowly and build up gradually. This is the safest and easiest way to progress.</li> <li>Take part in a fitness assessment—this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.</li> </ul> <p>DELAY BECOMING MUCH MORE ACTIVE IF...</p> <ul style="list-style-type: none"> <li>You are not feeling well because of a temporary illness such as a cold or fever—wait until you feel better, or</li> <li>You are or may be pregnant—talk to your doctor before you start becoming more active.</li> </ul>

**PLEASE NOTE:** If your health changes so that you than answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed use of the PAR-Q:** The College of Southern Idaho, Student Recreation Center, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**NOTE:** If the PAR-Q is given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

**I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfactions.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**If under 18, signature of parent or guardian:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_