Georgia College Wellness and Recreation Center

Informed Consent
and
Release of Liability Agreement

Thank you for choosing to use the facilities, services, or programs of the Georgia College Wellness and Recreation Center (Wellness and 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 and release of liability agreement.

I, ________________________________, declare that I intend to use some or all of the activities, facilities, programs, and services offered by the Wellness and Recreation Center and I understand that each person (myself included) has a different capacity for participation 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, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative 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 of the Wellness and Recreation Center 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 the Wellness and Recreation Center 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 the Wellness and Recreation Center, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I voluntarily assume 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 and 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 any questions or request further explanation or information about the activities, facilities, programs, and services offered by the Wellness and Recreation Center at any time before, during, or after my participation.
In consideration of gaining membership or being allowed to participate in the activities and programs including, but not limited to, the weight room or cardiovascular room of the Wellness and Recreation Center and to use its facilities, equipment, and machinery, I do hereby waive, release, and forever discharge the Board of Regents of the University System of Georgia, Georgia College, the Wellness and Recreation Center and their officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities including, but not limited to, the weight room or cardiovascular room at said facility. I do hereby release all of those mentioned and any others upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the Wellness and Recreation Center or the use of any equipment at the Wellness and Recreation Center.

I understand and am aware that weight training, sports activities, and aerobic exercise, including the use of equipment, is a potential hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I declare that I have read, understood, and agree to the contents of this informed consent and release of liability agreement in its entirety.

Name (print) ________________________________________________

Please check primary affiliation:

☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior  ☐ Graduate Student  ☐ Community

☐ Faculty  ☐ Staff  ☐ Administration  ☐ Employee Spouse  ☐ Guest

Address ________________________________________________________

Phone number where you can be reached _________________________________________

Gender:  ☐ Male  ☐ Female  Bobcat ID ____________________________

Signature ________________________________________________________

Date of Signing _______________________

All information used for statistical purposes.
USER POLICIES

FACILITY ACCESS
1. Valid Bobcat Card is required each visit to the WRC in order to access the facility. Bobcat Cards are non-transferable and for the exclusive use of the person named on the card. ID cards will be confiscated if presented by another other than the rightful owner. Involved parties will be subject to disciplinary action.

ATTIRE AND FOOTWEAR
The WRC reserves the right to determine the acceptability of all exercise attire. WRC staff decisions concerning appropriate clothing will be final. Failure to dress properly will result in denial of use of the WRC and/or participation in WRC activities

1. Appropriate exercise attire is required at all times.
2. Only full athletic footwear/tennis shoes, full T-shirts, and athletic shorts/pants are allowed when participating in any activity in the WRC. Group fitness classes are the only exception.
3. Sandals, slides, open-toed shoes, dress shoes, boots, turf shoes and shoes that mark floors are not permitted in any activity area throughout the WRC. The only exceptions are the pool deck and appropriate Group Fitness Classes, such as Yoga.
4. Sleeveless shirts of any kind (tank tops, racer backs, altered t-shirts), hoop-neck/off-the-shoulder shirts, mesh tops, gaping arm holes, open back tops, and mid-drifts are not permitted when participating in any activity in the WRC. Shirt must cover the entire torso. The only exceptions are the pool deck, Group Fitness classes, and official Rec Sports competitions.
5. Shoes, shirts, shorts/pants must be worn at all times.
6. Denim, zippered, and metal riveted shorts/pants are prohibited due to the risk of ripping equipment upholstery and risk of injury.
7. Clothing with offensive language, designs, and/or pictures or which others may find offensive is not acceptable, in accordance with the GC Code of Conduct.
8. Shorts must be long enough to cover the buttocks and groin when the participant exercises or moves. Appropriate support and undergarments are required at all times.
9. Jewelry that may cause equipment damage or pose a risk of injury should be removed.

CELL PHONES
Cell phones may be used in the common areas of the facility only. Use of cell phones and pagers is not permitted in locker rooms or while using equipment or participating in any activity. The only exception is when a cell phone is used as a music device. Out of respect for others, we ask all persons to limit cell phone use in public areas.

COMPUTER USAGE
WRC computers are for WRC staff only.

EQUIPMENT CHECKOUT
Members may check out equipment free of charge at the Member Services desk.

FOOD AND BEVERAGES
1. Food is NOT allowed at any time in any activity area.
2. Water and sports drinks in sealable, screw-top containers are the only beverages allowed in activity areas; including but not limited to wood courts, the Natatorium and all Fitness Areas and rooms. Cups without lids and carry-out cups are not allowed.
3. All containers are subject to substance check at any time by WRC staff.

LOST AND FOUND
Found items should be turned in at the Member Services desk.

1. Found items should be turned in at the Member Services desk.
2. Items not claimed within 7 days will be donated to the local Salvation Army.

By signing below, the member agrees to the Wellness and Recreation Center User Policies.

Member’s Name Printed: ____________________________________________ Date: __________________

Member’s Signature: ________________________________________________
WE WELLNESS and RECREATION CENTER USER POLICIES

CODE OF CONDUCT
Participants are expected to:

1. Treat the WRC staff and facility with respect.
2. Act with character and courtesy while respecting the rights, welfare and dignity of all others in the WRC facility.
3. Refrain from vulgar language and offensive conduct. Such language that is deemed offensive to others will not be tolerated.
4. Adhere to the rules and policies included in this document and set by the WRC and Georgia College.
5. Act in a safe, responsible manner regarding self and others.
6. Participants engaging in inappropriate behavior or violating WRC policies may be subject to having their privileges of participation revoked and could face possible University disciplinary action.

GENERAL POLICIES
1. Taking pictures or videos is prohibited unless prior approval is granted by the WRC Management Team. Pictures/videos may NOT be taken in the locker rooms, family changing area or restrooms. It is recommended that picture/video requests be placed at least 24 hours in advance with the WRC Director. Participants who wish to have their photo taken while engaged in activities at the WRC must have permission of the employee supervisor of that activity area.
2. No bicycles, skateboards, scooters or roller blades are allowed in the WRC. Bicycle racks are located outside the main entrance.
3. Smoking is not permitted on the premises and must remain in designated smoking areas.
4. WRC television channels are set and/or changed by WRC staff only.
5. Use of informal activity spaces when not scheduled/reserved (including priority scheduling) is first come, first serve.
6. Spitting in the common areas or activity areas such as courts, track, etc., is not permitted.
7. Personal items shall not be left or placed on the floor or on equipment. Individuals may utilize the locker rooms on the first floor or the cubbies provided throughout the facility.
8. Staff members are not permitted to hold equipment, valuables or bags for participants. Wallet lockers are located throughout the facility.
9. A closing announcement will be made approximately 15 minutes prior to closing. All participants are expected to finish their activity, re-rack all weight equipment, return any checked-out equipment, finish showering and exit the WRC by closing time.
10. The WRC facility may not be used for private or commercial purposes unless such activity has been approved by WRC Management. Examples of prohibited activity include (but are not limited to): personal training, private instruction, sales, etc.
11. Areas within the WRC and equipment shall be used for intended purposes.
12. Weight bars and dumbbells are intended for the weight floor surface only. Weights and equipment are not to be taken outside of their designated areas (i.e. track, group fitness studio, cardio area, etc).
13. Members should report any concerns about the facility and/or equipment to Member Services or the Area Supervisor as soon as possible.

By signing below, the member agrees to the Wellness and Recreation Center User Policies.

Member’s Name Printed: ______________________________ Date: __________________

Member’s Signature: ____________________________________________________
Physical Activity Readiness Questionnaire (PAR-Q) and You

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 much 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, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

Check YES or NO

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**IF YOU ANSWERED YES to one or more questions**

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.

- 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/her advice.
- Find out which community programs are safe and helpful for you.

**NO to all questions**

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active – begin slowly and build up gradually, this is the safest and easiest way to go.
- take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Please Note: If your health changes so that you then answer YES to any of the above questions, talk with your doctor. Ask whether you should change your physical activity plan.

Informed use of the PAR-Q: Georgia College, the Wellness and Recreation Center, and its 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.
Student Information Verification

Name: _______________________________________________________

Home Phone: __________________________ Mobile Phone: ______________

Home Address: __________________________________________________________________

Milledgeville Address: __________________________________________________________________

Emergency Contact Name: ___________ Emergency Contact Phone: ____________

Classification:  ☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior  ☐ Graduate Level

Date of Birth: ____________________________

Race/Ethnicity: ____________________________

Major: ____________________________________

Residence Hall: ____________________________