

**First Mount Zion Baptist Church Fitness Center
HEALTH AND EXERCISE HISTORY QUESTIONNAIRE**

Please complete this form to help us determine your readiness to begin a physical activity program. Information that you provide on this form will be maintained in a confidential manner and disclosed only to Fitness Center Staff or Authorized and Screened Volunteer Assistants. With your authorization, it may also be provided to your physician(s) should your answers indicate a physician's recommendation is needed. This information will be used only for the purposes of your participation in the Fitness Center.

Name (Last, First, M.I.):			Date: / /
Member Number:	Date of Birth: / /	Sex: M / F	
Home Address:		Home Phone:	
		Other Contact #:	
Email Address:		Work Phone:	
Emergency Contact:	Relationship to Member:	Daytime Phone of Contact:	

<p>I voluntarily provide the following medical history information based upon the assurance of First Mount Zion Baptist Church (FMZBC) that it will be maintained in the strictest confidence, protected from unnecessary disclosure, and made available only to those FMZBC Fitness Center employees and/or medical or emergency personnel who have a legitimate need to know the information.</p>	
<p>Signature: _____</p>	<p>Date: _____</p>
<p>I refuse to complete the medical history questionnaire below. I take full responsibility for my health and safety.</p>	
<p>Signature: _____</p>	<p>Date: _____</p>

Please complete the following forms to the best of your knowledge.

Y N

1. Have you had a heart attack, stroke, or heart surgery? Please specify _____

2. Has your doctor said that you have cardiovascular, pulmonary, metabolic or other significant disease?
3. During or right after exercise, do you have pains or pressure in the left or mid-chest area, left neck, shoulder, or arm?
4. Have you experienced any unusual leg pain upon exertion?
5. Has your doctor said that you have a heart murmur or irregular heart beat?
6. Do you have insulin-dependent diabetes or take medication to control your blood sugar?
7. Do you experience shortness of breath at rest or with mild exertion?
8. Has your doctor said you have high blood pressure ($\geq 140/90$) or are you on medication for your blood pressure? Explain _____
9. Do you experience dizziness/fainting spells at rest or with exertion?
10. Are you currently pregnant or within six weeks postpartum? Specify _____
(# of months pregnant _____)
11. Are you currently taking prescription medication for an underlying disorder?
12. Do you have a chronic or acute orthopedic or other health condition that you or your physician feel will affect your exercise (i.e. bursitis, arthritis, neck or back injury, past surgery, etc)? Please specify _____

13. Do you have a medical condition not mentioned here which might affect your ability to participate in an exercise program (i.e. seizures, epilepsy, emphysema, asthma, etc)? Please specify _____
14. Do you have a male family member under the age of 55 OR a female family member under the age of 65 who has a history of cardiovascular disease, such as heart disease, stroke, angina (chest pain), high blood pressure, etc? Please specify _____

15. Are you a male over the age of 45?
16. Are you a female over the age of 55, or postmenopausal, or had a hysterectomy?
17. Do you consider yourself more than 20 lbs overweight?

18. Is your total serum cholesterol (≥ 200 mg/dl) and/or have you been diagnosed with high cholesterol? Specify which: _____
19. Do you use tobacco or have you used tobacco within the last 5 years? If yes, please check one or more of the following: ___ Cigarettes ___ Cigar/pipe ___ Chewing tobacco
20. Are you physically inactive (i.e., you are physically active less than 3 days per week)?

The Fitness Center Staff recommended that I obtain a Physician's Referral Form. I choose not to obtain a Physician's Referral Form and take full responsibility for my health and safety and waive all rights to fault The Fitness Center Staff and First Mount Zion Baptist Church in the event of an incident.

Signature: _____

Date: _____

Please list any cardiovascular, pulmonary, nervous system, or any related medication that could impact how the body responds to exercise.

Medication Information:

Medications	Dosage	Times/Day	Purpose

When was your last physical exam? _____

Do you have any exercise limitations not previously discussed (i.e. recent injuries, etc.)? Yes No

If yes, please explain: _____

Please list any other pertinent health/medical information we should be aware of: _____

What are your health/fitness goals?

- | | |
|---|--|
| <input type="radio"/> General Health | <input type="radio"/> Cancer Risk Reduction |
| <input type="radio"/> Blood Pressure Reduction | <input type="radio"/> Stress Reduction |
| <input type="radio"/> General Fitness | <input type="radio"/> Increased Flexibility |
| <input type="radio"/> Smoking Cessation | <input type="radio"/> Cholesterol Reduction |
| <input type="radio"/> Blood Pressure Reduction | <input type="radio"/> Weight / % Body Fat Reduction |
| <input type="radio"/> Increased Cardiovascular | <input type="radio"/> Other _____ |

I understand that the completion of this form will not result in any type of diagnosis of disease and that it is not intended to stand as a substitute for consultation with my personal physician. I must consult my own personal physician for any evaluation of my health status.

I hereby certify that I have read and understand all questions on this health and exercise history questionnaire. To the best of my ability and knowledge, I have truthfully answered all of the questions. I agree to notify the fitness center staff if there are any changes in the health/medical information that I have provided herein.

Signature: _____ Date: _____

**First Mount Zion Baptist Church (FMZBC) FITNESS CENTER
INFORMED CONSENT FOR
EXERCISE PROGRAM PARTICIPATION**

You have expressed interest in participating in exercise activities at First Mount Zion Baptist Church Fitness Center. This document will help you understand the various risks associated with such participation so that you may make an informed decision with regard to your participation.

WAIVER AND RELEASE

As a condition to your right to use the FMZBC Fitness Center, you must sign and return the waiver and release. Please read the form carefully.

EXERCISE OPPORTUNITIES

Many opportunities will be available to you as a member of the fitness center. They include:

- Use of fitness track for walking or running**
- Use of gymnasium floor**
- Group exercise classes (i.e. aerobics, muscle toning)**
- Use of cardiovascular equipment such as treadmills, ellipticals, bicycles, etc**

During normal operating hours, the fitness center staff will be available to assist you in any of the aforementioned opportunities. However, it is your responsibility to use all equipment safely and properly engage in physical activities. At any time, you may request assistance for all equipment with which you are unfamiliar from the fitness center staff.

RISKS

If you elect to use any part of the fitness center, your use and participation will be at your sole risk. It is recommended that you consult with your personal physician throughout your program participation. Note that the fitness center staff are trained for fitness prescription and management, but are not medically trained. Therefore, you should not view their assistance, or the results of any fitness assessments, as a medical diagnosis about your health.

Even consulting with your physician and/or engaging in regular exercise in no way guarantees against the possibility of incidents during exercise related activities. Possible risks associated with exercise may include: dizziness, fainting, muscle cramping, musculoskeletal injury, sprains and strains, heart attacks, stroke or sudden death. Please consult your physician for advice or in-depth details.

Signature

I acknowledge that I have read this form in its entirety or it has been read to me, and I understand my responsibility as a member participating in any fitness center program. I accept the risks, rules, and regulations set forth. Knowing these things, I understand that my membership may be terminated at any time after signing this form either by the fitness center or myself. I have been given the opportunity to ask questions, which all have been answered to my satisfaction.

Print Name: _____

Signature: _____ Date: _____

Questions for Fitness Center Staff:

**First Mount Zion Baptist Church (FMZBC) FITNESS CENTER
WAIVER AND RELEASE OF LIABILITY**

In the matter of having access to and the use of First Mount Zion Baptist Church Fitness Center, I, my family, heirs, and representatives do waive, release, and discharge First Mount Zion Baptist Church and First Mount Zion Baptist Fitness Center, and their religious leaders, officers, directors, employees, and volunteers from any and all responsibilities, liabilities, lawsuits, and torts, present or future, that may arise out of action for ordinary negligence, whether foreseeable or unforeseeable, arising out of or related in any manner directly or indirectly, to my use/access to the Fitness Center. This also includes claims that may arise from any injury, illness, or death, whether accident or otherwise, during my participation in any exercise, health promotion or recreational activity, or fitness testing associated with the Fitness Center as well as the use of equipment or facilities made available for my use in the Fitness Center. I hereby agree to grossly assume and accept sole responsibility for the risk of injury or death so long as they are not the result of gross negligence by First Mount Zion Baptist Church Fitness Center.

The undersigned hereby expresses that he or she has read the Waiver and Release of Liability in its entirety and has had all questions answered to his or her satisfaction with the understanding that if any portion hereof is held invalid or negligent by the laws permissible by the state of Virginia, the matter should continue in full legal force.

I certify that I have read and understand the above Waiver and Release of Liability.

Print Name: _____

Signature: _____ **Date:** _____

First Mount Zion Baptist Church Fitness Center

Rules and Regulations

Rules and regulations for use of the FMZBC Fitness Center are established and enforced by church leadership. The power to enforce these rules and regulations extends to the FMZBC Fitness Center Staff. Each member is cordially asked to comply with the following rules and regulations.

MEMBERSHIP ENROLLMENT

All members must complete and sign the Health History Questionnaire and Waiver forms before using the Fitness Center.

CHECK-IN PROCEDURE

All members are required to sign in using their member number at the front desk as they enter the center.

GROUND FOR REVOKING OR SUSPENDING MEMBERSHIP

Extreme violation of any rule or regulation set forth by Church leadership and the Fitness Center is ground for revocation of membership.

- **SUSPENSION-** The period of suspension will be based on the type and degree of violation. A member can be suspended twice. On the third violation, the membership will be debated by Church Leadership and the Fitness Center. At this time, based on the situations, membership can be revoked. Examples of extreme violations may include fighting, destruction of church property, repeated refusal to adhere to policies and rules that may put one at risk for incident. Revocation can occur as a result of several suspensions.

CONDUCT

Members are required to remain respectful of the rights of others and to maintain appropriate conduct while in the Fitness Center. This includes avoiding conversations and remarks that are disrespectful to one's race, color, religion, sex, national origin, age, disability or sexual orientation.

FOOD AND BEVERAGE/SMOKING

Plastic water bottles are permitted and encouraged. No food or other beverage will be consumed in the locker rooms, exercise rooms, on gymnasium floor or the track except during special events sponsored by the Fitness Center. Smoking is absolutely prohibited within the vicinity of the Church and Fitness Center.

ATTIRE

While using the Fitness Center, members should wear appropriate exercise clothing (i.e. shorts, tank tops, t-shirts, warm-up suits, tights, jogging pants, etc). Shirts are required and appropriate footwear must be worn at all times. Inappropriate clothing may include: smooth soled-shoes, jeans/denim of any sort, winter hats, plastic bag suits, sport bras without over-shirt, shorts shorter than 7 inches above the knee, sandals, flip-flops or open-toed shoes, shirts that show the midriff.

EXERCISE EQUIPMENT

Members shall use the equipment in accordance with verbal and written instructions provided by the manufacturer and the Fitness Center Staff. Exercises will be performed in a slow, controlled manner, without slamming weight stacks or dropping dumbbells. Dumbbells and plates should be returned to their proper location after use. During peak times or when others are waiting, cardiovascular equipment usage is limited to 30 minutes. Equipment malfunctions should be reported to the Fitness Center staff immediately. Members should always wipe perspiration off of the equipment immediately after use. Because of the limited quantity of equipment, members should be courteous and take turns using a machine if others are waiting.

EQUIPMENT CHECK-OUT

Members will be allowed to check out gym/exercise equipment at the Check-in desk. Items may include: basketballs, volleyballs, kiddy balls, tubes, resistant balls, and jump ropes).

GROUP EXERCISE CLASSES

The Fitness Center staff establishes class schedules in conjunction with Church operating hours. All classes will be held on the stage. Scheduled classes have priority use of the stage floor unless a planned event has been scheduled. The number of participants for classes will be limited to 20-25, dependent on class type.

LOCKER ROOM (Lockers, Sauna, Steam, Showers)

- **LOCKERS:** Lockers are available for day use only. Individuals are responsible for providing their own lock to secure personal belongings. The Fitness Center staff is not responsible for items lost, stolen, or damaged while stored in lockers or in the locker room. Items are not to be left in lockers overnight. Items left in lockers at the end of the day will be removed and stored in the Lost and Found box kept at the Check-in desk. Items not picked up after 30 days will be discarded or given to Salvation Army.
- **SAUNA AND STEAM:** Only adults will have full access and use of the sauna and steam room. Minors (14-17 years) will only be allowed to use either room in the presence of their parent or legal guardian. Children (toddlers – 13 years) are not allowed to use the sauna or the steam room at any time. To help prevent the passing of bacteria and keep the sauna and steam rooms clean, members must strictly abide by the following guidelines:
 - Underwear is required to be worn at all times when using both rooms. In addition to underwear, it is recommended that members also use a towel either to wrap themselves or to sit on.
 - For safety purposes, full attire of clothes should NOT be worn. Overdressing may cause the body to overheat putting an individual at risk for an adverse incident.
 - Flip flops or shower shoes ONLY are allowed; no hard soled, running shoes, or sandals should be worn.
 - Personal fragrances and oils should not to be used on the sauna heating system.
 - Drinking plenty of water before and after using either of the rooms is required.
- **SHOWERS:** Members are responsible for providing their own toiletries and towels. Showers are to be kept to a reasonable length of time (~10 minutes) to accommodate waiting members. Personal items are to be removed from the shower stalls after use.

CLEANLINESS

Members should show consideration for others by washing their gym clothes regularly and picking up after themselves in the both the locker room and the entire fitness center area.

MINORS

Minors (14-17 years) are not allowed to use the weight room without adult/parent supervision. Children (3-13 years) are not allowed to use the weight room at any time. Parents should not allow their children to roam freely, participant in horseplay or run in the halls of the fitness center.

Signature: _____

Date: _____