



Department of Recreation & Wellness
Fitness Center

Guest Form - \$5 Fee Required

Please **PRINT** all information – Thank you!

Guest Name: _____

Date: _____

Address: _____

City: _____ ST: _____

Phone: (____) _____

Guest of: _____

Fee: \$5.00 per visit

PART I: PHYSICAL EXAM & MEDICAL CLEARANCE RECOMMENDATION

All individuals are strongly encouraged to have a physical exam from a licensed medical professional prior to beginning, or re-starting an exercise program. Additionally, the American College of Sports Medicine recommendations and guidelines recommend a medical clearance for men over 45, women over 55 and individuals of any age who have two or more of the following risk factors: diagnosed hypertension, blood pressure of 140/90 or greater, total cholesterol greater than 200mg/dl or HDL of 35mg/dl or lower, smoke cigarettes, impaired fasting glucose, obesity, a family history of heart disease or a sedentary lifestyle. Medical clearance is also strongly recommended for persons with cardiovascular, pulmonary or metabolic disease. The undersigned acknowledges his / her understanding of the above by signing this form.

PART II: GUEST AGREEMENT & WAIVER

The undersigned guest agrees to abide by the rules of the Clayton State University Fitness Center including the completion of the above health history questionnaire.

The undersigned guest agrees that all use of the Department of Recreation & Wellness (DRW) facilities, services and programs shall be undertaken at his/her sole risk and the DRW shall not be liable for any injuries, accidents or deaths occurring to guest, arising either directly or indirectly out of utilizing the DRW facilities, services and programs. The guest, for himself / herself and on behalf of his/her executors, administrators, heir and assigns, does hereby expressly release, discharge, waive, relinquish, and agrees not to sue the DRW, Clayton State University, the BOR, its officers and agents for all such claims, demands, injuries, damages or cause of action, for injury to my person during my use of any of the equipment within the DRW or any injury that might result following the use of the Fitness Facility.

The undersigned guest declares that they are in good health, do not have any known health conditions, (i.e., unstable high blood pressure, uncontrolled diabetes, heart conditions, etc.), that may preclude participation in moderate to strenuous exercise, and is physically able to participate in physical activity.

Furthermore, the guest understands that he / she is hereby advised by the DRW to obtain a medical clearance in the event he / she has a known health condition that could be exacerbated by participation in moderate to strenuous exercise or, if they are unsure of their physical health status.

The guest understands that they have the option to request an equipment orientation of a maximum of eight weight machines. Should the guest decide not to go through an orientation, he / she consents to using the equipment in the Fitness Center, and further understands that members and students who are using this facility have precedence in the use of the equipment, should there be a wait.

There is a \$5.00 charge for each workout, to be paid prior to entering the Fitness Center. Should you decide to join Fitness Center* within 30 days of your visit, your guest payments will be applied toward your first month's fee.
* Certain conditions apply.

Having read the preceding, I knowingly acknowledge my understanding of these risks set forth herein and knowingly agree to accept full responsibility for my own exposure to such risks or that of my minor child or ward. I also acknowledge that I have asked a member of the Department of Recreation & Wellness staff any and all questions that I have concerning this document and that my questions have been answered satisfactorily.

Welcome to the Clayton State University Fitness Center — Have a great workout!

Guest's Signature

____/____/____
Date

Parent's or Guardian's Signature (*if participant is under 18*)

____/____/____
Date

Witness

____/____/____
Date

PART III: MEMBER

I accept full responsibility for the actions of my guest and will explain the rules of the Fitness Center to my guest. Furthermore, I understand that I must be present while my guest is working out in the Fitness Center. Additionally, I affirm that my guest meets the minimum age requirement of 16 years old.

Member's Name (Print)

Member's Signature

____/____/____
Date

Thank you for bringing a guest to the Clayton State University Fitness Center!