

Health & Wellness Consent And Release Form

The Davis Health & Wellness Complex at the Betty and Milton Katz Jewish Community Center

***Every JCC Member must complete this form prior to use of the Health & Fitness Facilities.**

- I. In consideration of being allowed to participate in the activities and programs of the JCC and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the JCC and its officers, agent, employees or executors, and all others from any and all responsibilities, or liability from injuries or damages resulting from my participation in any activities or my use of equipment or in the above mentioned activities. I do hereby release all those mentioned and any others acting 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 JCC or the use of any equipment at the JCC. **(Please initial)** _____
- II. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially 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 all risks of injury or death. **(Please initial)** _____
- III. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have his/her recommendation concerning these fitness activities and equipment usage. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation in activities, and utilization of equipment and machinery in my activities. **(Please initial)** _____
- IV. **Teens 13 & 14 years old must take the teen orientation before participating in any physical activities in the Fitness Center. Once completed teens may use the Fitness Center facilities.**

Must be 15 years of age to use the free weight area and selected cardiovascular equipment.

Print: _____ **Date:** _____

Signature: _____ **Date of Birth:** _____

If under 15 - Parent/Guardian Signature: _____ **Date:** _____

Will you be using the Health & Fitness Facilities? Yes _____ No _____

If yes, may we call you to schedule an orientation? Yes _____ No _____

Phone # _____

IN CASE OF EMERGENCY CONTACT

Name _____ **Relationship** _____

Phone Number _____ **Cell Phone** _____

OVER →



Katz JCC, Cherry Hill
An Agency of the Jewish Federation of Southern NJ

For information call **856-424-4444**

1301 Springdale Road • Cherry Hill, NJ 08003 • Fax: 856-751-6804
Email: dorel@jfedsnj.org • www.katzjcc.org

Please answer the following questions as accurately and completely as possible. Your answers will be used to determine your physical readiness for exercise. All information will be kept strictly confidential

Circle the appropriate response.

- | | | |
|---|------------|-----------|
| 1. Has your doctor ever told you that you have a heart condition? | YES | NO |
| If yes, please explain _____ | | |
| 2. Has your doctor ever told you that you have high blood pressure? | YES | NO |
| If yes, please explain _____ | | |
| 3. Has your doctor ever told you that you have elevated cholesterol? | YES | NO |
| If yes, what is your cholesterol level _____ | | |
| 4. Have you ever had any chest pains? | YES | NO |
| If yes, please explain _____ | | |
| 5. Do you have a family history of heart disease? | YES | NO |
| If yes, please explain _____ | | |
| 6. Have you ever experienced dizziness or fainting? | YES | NO |
| If yes, please explain _____ | | |
| 7. Has your doctor ever told you that you have diabetes mellitus? | YES | NO |
| 8. Are you presently taking any prescription medications? | YES | NO |
| If yes, please indicate medication and the condition for which it has been prescribed.
_____ | | |
| 9. Do you have any bone or joint problems? | YES | NO |
| If yes, please explain _____ | | |
| 10. Do you smoke? | YES | NO |
| 11. If female, are you over 50? If male, are you over 40? | YES | NO |
| 12. Is your current lifestyle sedentary? | YES | NO |
| 13. Has your doctor ever told you that there is a physical reason for you NOT to exercise? | YES | NO |
| If yes, please explain _____ | | |