

University of Pittsburgh at Titusville Weight Room
Physical Activity Readiness Questionnaire

Name: _____ Date: _____

Please read the questions carefully and answer each one honestly: check *Yes* or *No*.

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

Note: If you answer "yes" to any of the above questions you need to provide clearance from your physician prior to engaging in exercise at weight room/fitness center.

RELEASE

This is a legally-binding Release, Waiver, Discharge and Covenant Not to Sue made by me, _____, [print full name] to the University of Pittsburgh - Of the Commonwealth System of Higher Education and the University of Pittsburgh at Titusville.

It is my desire to participate in the use of the University of Pittsburgh at Titusville's fitness facilities and/or equipment which are located in a building owned by the University for the purpose of fitness and strength training. I fully recognize that there are dangers and risks to which I may be exposed by voluntarily participating in the activity. Examples of these dangers and risks are injuries or conditions including, without limitation, muscle or ligament damage, lacerations, abrasions, contusions and fractures, heart attack, as well as other injuries or conditions, up to and including serious physical injury or impairment or loss of life. I appreciate the character of the risk taken and voluntarily assume all risk of harm. I understand that the University does not require me to participate in the activity, but I want to do so, despite the possible dangers and risks and despite this release.

I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with my participation in the activity. In consideration of and return for the services, facilities, equipment or other things provided to me by the University, I HEREBY RELEASE THE UNIVERSITY (AND EACH OF ITS TRUSTEES, OFFICERS, EMPLOYEES AND AGENTS) FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE, DIRECTLY OR INDIRECTLY, NOW OR IN THE FUTURE, FROM INJURY, HARM, LOSS OR EXPENSE TO ME, AND FROM DAMAGE TO MY PROPERTY, IN CONNECTION WITH MY PARTICIPATION IN THE ACTIVITY. I UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT OF THE UNIVERSITY, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE.

I recognize that this Release means I am giving up, among other things, rights to sue the University for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators and assigns, as well as myself.

Further, I agree to defend, indemnify and hold harmless the University from and against any claim, damage, liability, injury, expense or loss, including but not limited to, reasonable attorney fees, by reason of any suit, claim, demand, judgment or cause of action directly arising from my negligence or willful misconduct during my participation in the activity.

I assure the University that, to the best of my knowledge, information and belief, I am physically able to participate in the activity without any undue or unusual risk to me or to others. I acknowledge that the University has recommended that I consult with, and have a physical examination conducted by a physician before I engage in the activity. I acknowledge that the fitness facility may not be supervised or monitored at all times.

I have read this entire Release; I fully understand it and I agree to be legally bound by it. I am 18 years of age or older.

Witness:

READ CAREFULLY BEFORE SIGNING.

Releasor's Signature

Releasor's Printed name

Date

Physician consent to be a member of the University of Pittsburgh at Titusville Fitness Center

Physician's name and address: _____

Your patient _____ has asked to exercise as a member of the University of Pittsburgh at Titusville fitness center. As part of the membership process he/she has responded "yes" to at least one or more questions of the physical activity readiness questionnaire, which requires physician clearance prior to using the facility. This patient will have access to the following equipment:

1. Cardiovascular training equipment such as treadmills, elliptical machines and stationary bikes.
2. Weight training equipment such as free weights and weight lifting machines.
3. Racquetball courts.

Please indicate below if these types of exercises are appropriate for your patient.

_____ I have no health related concerns for this patient participating in an exercise program.

_____ I feel that participation in physical activity would not be appropriate for this patient.

Physician comments: _____

Signature of Physician _____ Date _____