

**DiSepio Institute for Rural Health and Wellness  
Fitness Center  
Staff Membership Application**

Date: _____
New: <input type="checkbox"/>
Renewal: <input type="checkbox"/>

**MEMBER INFORMATION**

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First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ Work Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Gender: (Circle One):    Male            Female            Date of Birth: \_\_\_\_\_

Type of Membership (circle one):    Employee            Couple            Family

If a spouse or sponsored dependent, please provide SFU employee name \_\_\_\_\_

Payment (circle one):            Semester            Monthly Payroll Deduction

**EMERGENCY CONTACT**

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

**MEDICAL HISTORY**

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Heart Trouble	Yes	No	High Blood Pressure	Yes	No
Palpitations	Yes	No	High Cholesterol	Yes	No
Lung Disease	Yes	No	Asthma	Yes	No
Chest Pain w/Exercise	Yes	No	Chest Pain at Rest	Yes	No
Heart Murmur	Yes	No	Abnormal EKG	Yes	No
Claudication	Yes	No	Dizzy Spells	Yes	No
Shortness of Breath	Yes	No	Lung Disease	Yes	No
Diabetes	Yes	No	Smoker	Yes	No
Joint Pain	Yes	No	Fainting	Yes	No
Swelling of ankles	Yes	No	Cancer	Yes	No
Seizures	Yes	No	Stroke	Yes	No

NOTE: If you have circled "Yes" for any of the above conditions, a physician clearance form must be submitted prior to your participation in the DiSepio Fitness Center.

Are there any other medical conditions that we should be aware of that may prevent you from performing physical activity? \_\_\_\_\_

\_\_\_\_\_

List any surgeries or hospitalizations that you have had: \_\_\_\_\_

\_\_\_\_\_

**DiSepio Institute for Rural Health and Wellness  
Fitness Center  
Medical History**

List any medications, vitamins, herbals, or supplements that you are currently taking:

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Does anyone in your immediate family (father, mother, sister, brother, aunt, uncle, or grandparent have a history of heart disease or artery disease? \_\_\_\_\_

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Are you currently participating in any type of physical activity? If so, what type of activity and how frequently do you participate? \_\_\_\_\_

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Are there any other questions or concerns that you feel you should bring to the staff's attention prior to participating in any physical activity program? \_\_\_\_\_

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**Lifestyle Changes:**

How interested are you in making lifestyle changes in each of the following areas?

	Very Interested	Moderately Interested	Somewhat Interested	Not Very Interested	Not at all Interested
Exercising					
Losing Weight					
Changing my Diet					
Managing Stress					
Quitting Smoking					

**STAFF USE ONLY**

Cleared to exercise \_\_\_\_\_ Not cleared to exercise \_\_\_\_\_

Reason \_\_\_\_\_

Staff signature \_\_\_\_\_ Date \_\_\_\_\_

Resting Heart Rate \_\_\_\_\_ Resting Blood Pressure \_\_\_\_\_

**The DiSepio Institute For Rural Health and Wellness  
at Saint Francis University  
Release and Waiver of Liability Form**

HEALTH STATEMENT: In requesting permission to access or use the equipment at the DiSepio Institute for Rural Health and Wellness at Saint Francis University, I affirm that my general health is good and that I am not adversely affected by the exercise that I will undertake. I am not currently under the care of a physician who should be advised of my desire to participate in physical activity. If I am under the care of a physician, I affirm that I have received his/her permission to participate in physical activity at the DiSepio Institute.

AGREEMENT TO FOLLOW RULES AND POLICIES: I understand that the DiSepio Institute for Rural Health and Wellness at Saint Francis University provides both directed and self-directed programs. I understand that I may be provided a general overview of the equipment. Fitness instruction is available, upon request, by trained staff members. I agree to follow all rules and policies of the DiSepio Institute. I agree to abide by any reasonable requests concerning use of the facility as directed to me by the staff of the DiSepio Institute. I agree to operate and use the equipment only in the manner in which it was intended and designed to use, therefore following all written and verbal instructions provided by the staff at the DiSepio Institute. I understand that if I fail to abide by and follow instructions or requests by the staff, this may result in the termination of my privileges at the facility. I further understand that the staff at the DiSepio Institute has the right to terminate or alter my privileges at the facility at their discretion. Membership fees would not be refunded to individuals that have had their privileges terminated at the facility.

RELEASE AND WAIVER: I hereby accept all risks, known and unknown, to my health that are associated with my access to the DiSepio Institute for Rural Health and Wellness. I accept all risks to my health, risk of injury, or even death that may result from my participation in activities and exercise sessions at the facility. I release the facility for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result or occur during my use of the facilities, whether caused by negligence of the DiSepio Institute, the University, its governing board, officers, employees, or representatives or otherwise. I agree to release and hold harmless the DiSepio Institute for Rural Health and Wellness at Saint Francis University and its employees from any and all liability whatsoever which may result from my use of the facility or the equipment. This statement shall serve as a release and hold harmless the DiSepio Institute for Rural Health and Wellness and its employees by my heirs, executors, administrators, if any and me.

I have carefully read this agreement and understand it to be a release and waiver of all claims and causes of action for my injury or death or damage to my property that occurs while using the DiSepio Institute for Rural Health and Wellness and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print):  
\_\_\_\_\_