



GCC FITNESS CENTER



Free Guest Pass & Waiver

**One Free Fitness Center visit per semester
(includes access to Yoga & More classes)
Photo ID Required**

Guest Name: _____ **Age:** _____

Attending: Fitness Center _____ **Class** _____

Blood pressure reading required for Fitness Activities: BP _____/_____ mm/hg

Check if YES

- _____ 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- _____ 2. Do you feel pain in your chest when you do physical activity?
- _____ 3. In the past month, have you had chest pain when you were not doing physical activity?
- _____ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- _____ 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
- _____ 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- _____ 7. Do you know of any other reason why you should not do physical activity?

If you answered **yes** to one or more of these questions, please see your doctor before you start begin exercising.

GCC/GCCN Activity Release

When used properly, the facilities and activity programs offered by the GCC Fitness & Wellness Department have been designed to provide participants with the optimal level of beneficial exercise and enjoyment. Inherent in any exercise program, however, is the risk of injury through improper use of the equipment and imprudent exercise beyond the user's capability. Since many individuals are unaware of the state of their physical health, it is recommended that you consult with your physician before engaging in activities with the GCC Fitness & Wellness Department. In consideration of the above factors, I, a visitor to GCC/GCCN, acknowledge the existence of risks connected with the exercise programs and activities, which take place. I agree to assume such risks and accept the responsibility for any injuries sustained by me in the course of using the facilities and equipment.

I agree to ask an instructor for assistance if I do not have the knowledge of proper technique and use of the equipment. I further acknowledge the existence of and need for certain rules and procedures concerning the use of the equipment, facilities and activities, and I agree to abide by those rules and procedures during this visit.

Having read the foregoing, I acknowledge my understanding of those risks set forth above and knowingly agree to assume full responsibility for it.

Signature (Parent's signature if guest is under 18)

Date

Phone Number

Guest's Email Address

How did you hear about us?

Instructor Signature

Date