

**McHenry County College  
Fitness Center  
Medical and Physical Activity History**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of emergency, whom may we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical History**

Please check all that apply:

Past History:

Rheumatic fever	( )	Recent Operations	( )
High Blood Pressure	( )	Injuries to Back or Knees	( )
Low Blood Pressure	( )	Seizures	( )
Lung Disease	( )	Heart attack	( )
Diabetes	( )	High Cholesterol	( )
Chest Pains	( )	Swelling of Ankles	( )
Fainting	( )	Other	( )

Family History:

Heart Attacks	( )	Diabetes	( )
Heart Operations	( )	Congenital Heart Disease	( )
High Blood Pressure	( )	Other Major Illness	( )
High Cholesterol	( )		

Please explain checked items

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Please turn the page over)**

**General History**

What is your current occupation? \_\_\_\_\_

Do you smoke cigarettes? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any injuries that may interfere with exercise:

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Please list any medications you are currently taking:

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Please describe your level of physical activity during the past 4-6 weeks:

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**McHENRY COUNTY COLLEGE  
FITNESS EVALUATION & EXERCISE  
WAIVER FORM**

In consideration of gaining access to participate in any and all activities associated with McHenry County College's Fitness Education Program (hereinafter referred to as "Program"), including but not limited to use of McHenry County College's (hereinafter referred to as "College") facility, equipment and machinery or the use of the facility, equipment and machinery of any other facility in connection with the Program, I, on behalf of myself, my heirs, executors, administrators and assigns, do hereby waive, release, covenant not to sue, and forever discharge McHenry County College and its successors and assigns, Board of Trustees, directors, officers, agents, administrators, employees, representatives, executors, and all others from any and all manner of actions and actions, cause and causes of action, suits, debts, accounts, damages, claims and demands whatsoever in law or in equity which I now have or may acquire, by reason of serious bodily injury or death or loss of or damage to personal property belonging to me or any other reasons, which may be related in any way to my participation in any activities in the said Program whether on or off the College's campus or on or off the College's facilities.

IN FURTHER CONSIDERATION OF THE ABOVE FACTORS, THE UNDERSIGNED PARTICIPANT ACKNOWLEDGES THE EXISTENCE OF RISKS IN CONNECTION WITH THE PHYSICAL ACTIVITIES DEMANDED BY THE PROGRAM INCLUDING, BUT NOT LIMITED TO, **SERIOUS BODILY INJURY OR DEATH** OR LOSS OF OR DAMAGE TO PERSONAL PROPERTY BELONGING TO ME, AND ASSUMES SUCH RISKS AND AGREES TO ACCEPT THE RESPONSIBILITIES FOR ANY INJURIES SUSTAINED BY ME IN THE PROGRAM.

The participant further acknowledges that the Program involves physical fitness testing procedures and evaluations, and that there can be a degree of risk associated with these testing procedures. I understand, acknowledge and agree that the persons performing the tests are in no way medical professionals, and that the tests are not performed by medical professionals in any sense including doctors, nurses, chiropractors, physical therapists or licensed medical professionals, or persons that in any way have the knowledge, capability or training to understand, recognize or diagnose any physical, mental, medical, orthopedic or functional condition, the understanding, recognition or diagnosis of which could prevent risks associated with participation in the Program, including but not limited to the risks of serious bodily injury or death. I understand and agree that only medical professionals that will not be present at any time before, during or after the tests, are capable of understanding, recognizing or diagnosing physical, mental, medical, orthopedic or functional conditions that may lead to death or serious bodily injury. I understand that the results of said test are not to be construed as diagnostic in any sense. I further understand there may be other, unknown risks in undertaking this testing including but not limited to death and serious bodily injury, and I agree to fully assume those risks.

I have been advised by the College to consult with a physician before I undertake the Program. If I participate in the Program without first consulting a physician, I hereby willfully, knowingly and, without full knowledge of my physical condition, intentionally waive my right to do so and assume any and all risks associated with participation in the Program, which risks may include the risk of serious bodily injury or death.

I certify that I am in good health and sufficient physical condition to properly use the facility and participate in the Program; that I am knowledgeable about the proper use of fitness equipment, that I will carefully read the operating instructions for any fitness equipment prior to use and will operate such equipment in strict accordance with instructions.

Having read the preceding, the participant acknowledges full understanding of those risks set forth herein, including the risk of serious bodily injury or death, and knowingly agrees to accept full responsibility for the participants' own exposures to such risks and to waive all responsibility and liability on behalf of McHenry County College and its agents.

\_\_\_\_\_  
**Participant Signature**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian Signature if  
participant is under age 18**

**Date** \_\_\_\_\_

## MCC FITNESS CENTER POLICIES

All members are required and encouraged to adhere to the Fitness Center Policies and each participant's right to exercise in an unobstructed environment. A courteous and cooperative attitude will have a very positive affect on productivity.

- No cell phone conversations in the exercise area.
- Children under 14 years old are not permitted in the Fitness Center, including the reception area.
- Maximum safe exercise capacity is 24 people. Entrance will be prohibited when the Fitness Center is at capacity.
- Eating or drinking (except for water) in the workout area is prohibited.
- Members must wear appropriate attire at all times. Proper clothing is considered apparel that covers the upper torso, upper legs and feet.
- No open toed shoes, i.e., sandals.
- Profanity is not allowed.
- Disrupting or interfering with the workout of another person is not allowed.
- Members must wipe-off all equipment and replace free weights to proper storage areas.
- Compliance with free weights includes the following:
  - Collars are to be used at all times to secure weights on bars.
  - Weight plates are not to be placed on floor or leaned against equipment.
  - After utilizing equipment, strip bars and return plates and dumbbells to proper storage areas.
  - Members must use safety bars when using the power racks for bench press, incline press, military press, decline press, squats, or any other exercise an instructor deems necessary. Set the safety bars about 1 inch lower than your lowest movement with the bar.
  - Dumbbells cannot be dropped on floor for any reason.
- Only Fitness Center instructors are allowed to provide instruction on exercise technique or equipment preparation and adjustments. Personal Training of any type is not allowed.
- All participants are to comply with Fitness Center instructor's directives regarding enforcement of policies related to safety, programming, exercise techniques and policies.
- The Fitness Center is not responsible for personal items. Valuables should be secured in lockers in Athletic/Fitness Center locker room for protection. You must bring your own lock and remove it at the end of your workout.
- Fitness Center participants should report all equipment malfunctions, personal injuries and specific concerns immediately to the instructor in charge.

**Failure to adhere to any of these policies may result in the immediate and/or permanent ejection of anyone in the Fitness Center violating any of these polices, with suspension of all rights, including a refund.**

If at any time you have questions regarding Fitness Center policy or need any assistance, please contact the instructor on duty.

I have read, and understand, the McHenry County College Fitness Center Policies and consent to adhere to them.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(parent or guardian if under 18)

\_\_\_\_\_  
(date)