



COLLEGE OF HEALTH AND SOCIAL SCIENCE
 DEPARTMENT OF KINESIOLOGY
 1600 Holloway Avenue
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 Website: <http://kin.sfsu.edu/>

Faculty & Staff Wellness Program

1. MEMBERSHIP PLANS Full membership descriptions are noted in section 6 and on line under Membership

	General	Senior (62+)	OLLI	Family Add-ons
Fall	\$80	\$60	\$30	\$100
Winter	\$30	\$25	\$5	\$40
Spring	\$80	\$60	\$30	\$100
Summer	\$65	\$60	\$25	\$80
President's Package*	\$230	\$185	\$81	\$288
Dean's Package*	\$180	\$138	\$62	\$228

*President's Package = Fall + Winter + Spring + Summer + 10% off

* Dean's Package = Fall + Winter + Spring + 5% off

2) MEMBER PROFILE Information must be filled out for record keeping purposes.

First Name: _____ Last Name: _____ D.O.B ____ / ____ / ____

Department: _____ Email: _____@sfsu.edu University ID: _____

Phone: _____ Campus Extension: _____

Address: _____ City: _____ Zip Code: _____

Classification (select one): Faculty Staff Senior OLLI

Membership Plan (select one): General / Senior / OLLI / Family Fall / Winter / Spring / Summer / President / Dean

Emergency Contact :

Name: _____ Phone: _____ Relationship: _____

Kinesiology Personal Training Program (Must sign up by the Academic Add-Deadline) :

Would you be interested in receiving a Kinesiology Personal Trainer to work with you during the semester? YES / NO

(You will be assigned a student trainer from KIN 555 Exercise Testing and Prescription class, who will work one-on-one with you to help evaluate your fitness goals. Your student intern will also assess your cardiovascular endurance, muscular strength and flexibility through fitness assessment, measure body composition and provide an exercise prescription.)

3) MEMBERSHIP DECLARATION & PAYMENT DETAILS

Before signing this document, I have read, initialed, understand and hereby agree to the terms and conditions of membership as defined in subsequent pages. I recognize all membership sales are final and no fee reductions and/or credits are given for late enrollment or missed sessions. Additionally, I fully understand the nature of activity in which I am participating and any questions that I have had, have been answered to my satisfaction. Please make checks payable to the SF State:

Signature: _____

Date: _____

OFFICE USE ONLY:

Total Fees Received: \$ _____ Check Number: _____ Online Confirmation #: _____

Office Staff Signature: _____ Date: _____

Completed Waiver: Yes / No Membership sticker #: _____

RECORDED: Office Staff Initials _____

4. CONDITIONS WHICH MAY AFFECT YOUR EXERCISE

Physical Activity Readiness Questionnaire:

Regular physical activity is a fun and healthy way to improve your quality of life. Studies have shown that consistent exercise accompanied with an moderate diet can prevent diseases, improve stamina, enhance flexibility and aid in weight control. If you are planning on becoming more physically active than you are now, start by answering the six questions noted below carefully and honestly.

1.) Has your doctor ever said you have a heart condition and you should only do physical activity recommended by a doctor?	Yes / No
2.) Have you ever felt lightheaded or had chest pains while exercising?	Yes / No
3.) Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes / No
4.) Do you have a bone or joint problem that could be made worse by a change in your physical activity?	Yes / No
5.) Is your doctor currently prescribing drugs for your blood pressure or heart condition?	Yes / No

If you selected YES to one or more questions, it's important that you see your healthcare professional before you begin. Tell your doctor about this Physical Activity Readiness Questionnaire form and to which questions you answered YES. Talk about the kinds of activities you wish to participate in and follow your doctor's advice.

Initials:

5. WAIVER AND RELEASE AGREEMENT

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue the state of California**, the Trustees of the California State University, California State University, San Francisco State University and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the activity.

I am voluntarily participating in this activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree that photographs, slides, movies, video, or other media coverage may be taken during my participation in the activity without compensation from the State of California, the Trustees of the California State University, San Francisco State University, the Department of Kinesiology, and the officers, employees, volunteers and agents of each of them and consent to the use of photographs, slides, movies, videos, or other media coverage for any legal purpose.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the state of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Initials:

