



## Liability Waiver

Name _____			Date ____/____/____	
Address _____		City _____	State _____	Zip _____
Email _____		Phone _____	Date of Birth ____/____/____	
Emergency Contact _____			Phone _____	

By signing this liability waiver, the above member or guest expressly waives on behalf of all individuals on this membership or day use of the facilities all rights against the Downtown Athletic Club ("DAC"), its officers, agents and employees, and has assumed all risk and full financial responsibility for any injury, loss claim or other damage they might incur or suffer while using the DAC as a result of any act or omission of the DAC or its officers, agents, employees, licensees and invitees. Additionally, it is understood and agreed that the DAC is not responsible for any loss, claim or damage incurred with respect to any lost, stolen, or damaged automobile, personal property, money, or other valuables brought to the DAC or left on the DAC's premises, including valuables placed in the facility lockers, and each user of the DAC hereby expressly assumes all risks and full financial responsibility for any such loss or damage, however caused.

**BY MY SIGNATURE ON THE FRONT SIDE OF THIS AGREEMENT, I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO ALL OF THE TERMS AND CONDITIONS AS STATED IN THIS LIABILITY WAIVER. I AGREE TO PAY MONTHLY DUES, GUEST FEES, AND ANY OTHER CHARGES INCURRED BY ME OR BY ANY PERSON ENTITLED THROUGH MY MEMBERSHIP TO THE USE OF THE PRIVILEGES OF THE DOWNTOWN ATHLETIC CLUB FROM THE DATE OF THE ACCEPTANCE OF THIS LIABILITY WAIVER UNTIL THE TERMINATION OF THIS MEMBERSHIP.**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of parent or legal guardian for those under the age of 18

Print Name \_\_\_\_\_

Signature \_\_\_\_\_



## Physical Activity Readiness Questionnaire (PAR-Q)

This PAR-Q is a simple self-screening tool that is used by the Downtown Athletic Club ("DAC") to determine the safety or possible risks of exercising based on your health history, current symptoms, and risk factors.

All the questions are designed to help uncover any potential health risks associated with exercise. The most serious potential risk of intense exercise is that of a heart attack or other sudden cardiac event in someone with undiagnosed heart conditions.

Check Yes or No to each of the following questions:

Yes No

- 1. Has your doctor ever diagnosed you with 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 that could be made worse by a change in your physical activity?
- 6. Is your doctor currently prescribing drugs for your blood pressure or heart condition?
- 7. Do you know of any other reason why you should not do physical activity?  
If yes, please explain \_\_\_\_\_

If you answered **Yes** to any of these PAR-Q questions, the DAC recommends that you consult a physician before taking a fitness assessment or substantially increasing your physical activity. Ask for medical clearance along with information about specific exercise limitations you may have. In most cases, you will still be able to do any type of activity you want if you adhere to your physicians' guidelines.

If you answered **No** to all these PAR-Q questions, you can be reasonably sure that you can exercise safely and have a low risk of having any medical complications from exercise. It is still important to start slowly and increase gradually. It may also be helpful to have a fitness assessment with a DAC fitness specialist or personal trainer to determine where to begin.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_