

**IMPLIED CONSENT AGREEMENT  
(RELEASE OF ALL CLAIMS)**

The Lonoke Community Center has been designed and established to provide the highest level of fitness and other programs to its members and guests who utilize its facilities and equipment. Due to the nature of our programs and the equipment used in our facility, there is an inherent risk of injury due to improper use of equipment and physical limitations of the participants. The Center enlists your assistance in assuring the facility and its equipment are used in a proper manner and that the rules be followed in all areas of the facility.

In consideration of the above factors, the undersigned participant acknowledges all risks in connection with the following activities:

1. Use of fitness equipment
2. Participation in any supervised or unsupervised activities while using the facilities, walking track, swimming pool, gym, or any exercise activities.
3. Possible injuries or medical disorders arising out of the participants exercising at the facility, such as heart attacks, strokes, or other related injuries which arise out of the individual's activities, such as sprains, broken bones, torn muscles, and strained ligaments.
4. Accidents occurring within the building and on the property of the Lonoke Community Center such as locker rooms, showers, elevator, and parking lot.

The participant further acknowledges the existence of and the need for rules concerning the use of equipment, facilities, and other procedures related to programs and activities of the Lonoke Community Center. He/She agrees to abide by those rules and to make every individual effort to assure that the equipment and facility are kept in a safe and usable condition.

Those participants and their guests, whose children use the Lonoke Community Center during specified times, further agree to accept full responsibility for the safety and well being of their children and agree to maintain control and discipline over their children while they are at the Lonoke Community Center.

Please complete the PAR-Q+ questionnaire to determine if you are cleared for physical activity:

1. Has your doctor ever said that you have a heart condition OR high blood pressure?
2. Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?
3. Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? (Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).
4. Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?
5. Are you currently taking prescribed medications for a chronic medical condition?
6. Do you have a bone or joint problem that could be made worse by becoming more physically active? (Please answer NO if you had a joint problem in the past, but it does not limit your current ability to be physically active. Fore example, knee, ankle, shoulder, or other.)
7. Has your doctor ever said that you should only do medically supervised physical activity?

**IF YOU ANSWERED NO TO ALL OF THE QUESTIONS ABOVE YOU ARE CLEARED FOR PHYSICAL ACTIVITY.**

Having read the preceding, the participant acknowledges his/her understandings of those risks set forth herein and knowingly agrees to accept full responsibility for his/her exposure to such risks.

\_\_\_\_\_   
 Member Signature

\_\_\_\_\_   
 Date signed

**LONOKE COMMUNITY CENTER USE ONLY!**

**TYPE OF MEMBERSHIP:**  YOUTH  TEEN  INDIVIDUAL ADULT  FAMILY (1-4)  FAMILY (5+)   
  INDIVIDUAL SENIOR  SENIOR COUPLE  WALKING PASS ONLY

MEMBER #: \_\_\_\_\_ SPOUSE #: \_\_\_\_\_

**DEPENDENT MEMBER #'s**

NAME

MEMBER #

NAME

MEMBER #

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____