

Participant Data

Last Name	First Name	Employee ID	Date
Date of Birth	Department/Extension		E-mail

Exercise History

For us to best serve you, it is helpful to understand how much and what types of exercise you have done in the past. Using the answers to the following questions, we can better personalize your exercise program.

Do you currently participate in any form of physical exercise? Yes No

If yes, please describe the type of exercise, how often you do it and how much time you spend per session.

Times per week _____ Minutes per exercise sessions _____

If no, how long has it been since you've exercised regularly (minimum of twice per week)?

If you exercised before, why did you stop?

Fitness Goals

Take a moment to consider what you want from your fitness program membership. List below up to three things you are most interested in and committed to achieving, be as specific as possible. Your goals can be anything, from meeting new friends, to losing x pounds in y months. The fitness professionals will help you develop strategies to achieve them.

Other Information

Where did you hear about the Getty Fitness Center?

- Friend
- Flyer
- Newsletter
- Co-Worker
- E-mail
- Other (please specify):

Why did you choose the Getty Fitness Center?

Pre-Program Activity Level

Consider your physical activity patterns during the past three months. Select from each of the three categories below the items which best describe your average activity pattern.

Intensity

- Continuous light effort
- Continuous moderate effort
- Continuous moderately heavy effort
- Intermittent vigorous effort
- Continuous vigorous effort

Duration

- Under 10 minutes
- 10 to 19 minutes
- 20 to 30 minutes
- Over 30 minutes

Frequency

- Less than once per month
- 1 to 4 times per month
- 1 to 2 times per week
- 3 to 5 times per week
- More than 5 times per week

Health History Questionnaire

Last Name	First Name	Employee ID	Date
Emergency Contact Name	Number	Relationship	
Physicians Name	Number	Date of last physical	

I. Do you currently have any of the following coronary risk factors? (these do not preclude you from becoming more physically active)

- Hypercholesterolemia, elevated cholesterol, abnormal blood lipids (total cholesterol>200mg/dL or HDL<mg/dL).....
- Smoking habit (within past six months)
- Sedentary lifestyle (inactive job with no regular exercise program; active less than 3 times per week; or no recreational pursuits)

II. Do you have a history of any of the following cardiac, metabolic, or pulmonary conditions? Mark all that apply.

CARDIAC/VASCULAR

- Diagnosed high blood pressure (or systolic BP>140 or diastolic BP>90mmHG on at least two separate checks).....
- Coronary angioplasty or cardiac surgery
- Heart disease, heart attack, angina
- Heart murmur
- Peripheral vascular disease.....
- Stroke.....
- Other: _____

III. Do you currently have any of the following signs, symptoms, or conditions? Mark all that apply.

- Ankle swelling.....
- Chest pain (at rest or exertion)
- Dizziness/fainting
- Women: Are you pregnant?
- Rapid heartbeats or palpitations
- Shortness of breath (at mild exertion/rest).....
- Unexplained fatigue (unusual fatigue or shortness of breath with usual activities).....

METABOLIC

- Diabetes.....
- Kidney disease.....
- Thyroid or other metabolic disorders

RESPIRATORY

- Asthma.....
- Chronic bronchitis
- Emphysema or chronic obstructive pulmonary disease (COPD).....
- Other: _____

Please indicate if you have any of the following conditions. These conditions may require a medical consultation.

- Major surgery or hospitalization within the past six months (please detail):

- Anemia (severe<10GM/dL)
- Chronic back problems
- Arthritis (please detail):

- Allergies (please detail):

- Orthopedic problems (please detail):

- Other medical restrictions (please detail):

List all medications you are taking (prescription and over-the-counter).

If you marked one or more of the items in parts II or III above, you should seek your personal physician's advice prior to engaging in a new level of physical activity (see medical consultation form) and seek guidance from a fitness professional.

- It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
- You are encouraged to start slowly and build up gradually- 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
- If you are over the age of 45 yrs. and **not** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

Delay becoming more active if:

- ✓ You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- ✓ You are pregnant-talk to your physician and a qualified exercise professional.
- ✓ Your health changes-talk to your doctor or qualified exercise professional before continuing with any physical activity program.

If you are ready to become more physically active, please sign the Participant Declaration below:

I verify I have answered these questions truthfully and to the best of my knowledge. If I have a change in my health status during the course of my exercise program, I will notify the staff immediately.

Signature: _____ Date: _____

RELEASE OF LIABILITY AND CONSENT—FITNESS MANAGEMENT AND FITNESS MANAGEMENT BLENDED SERVICES AT THE GETTY FITNESS CENTER

(Includes Health Management Services and Health Programs, except Massage Therapy)

In consideration of the opportunity to receive fitness assessment services, participate in Health Fitness Corporation (“HEALTHFITNESS”) programs and/or use of THE GETTY FITNESS CENTER facilities, I hereby assume all the risks of injury, illness, death or other loss arising from or in any way relating to my participation in HEALTHFITNESS programs and use of THE GETTY FITNESS CENTER.

I hereby release, agree not to sue, and forever discharge the J. Paul Getty Trust and HEALTHFITNESS and their respective Affiliates* (as defined below) of and from any and all manner of claims, demands, actions, causes of action, liability, damages, claims, for punitive or liquidated damages, claims for attorney’s fees, costs and disbursements, individual or class action claims, and demands of any kind whatsoever, I have or might have against them or any of them, whether known or unknown, in law or equity, contract or tort, arising out of or in any way relating to my receipt of assessment services, participation in HEALTHFITNESS programs, use of the THE GETTY FITNESS CENTER and loss of personal property, however originating or existing. This release shall be binding upon my heirs, personal representatives, administrators, executors, and assigns.

I understand that this release includes; without limitation, all injuries which may occur as a result of the following: (a) my use of HEALTHFITNESS’s amenities and equipment in the THE GETTY FITNESS CENTER facilities, my receipt of instruction and other services from HEALTHFITNESS, or my participation in any activity class, program, or instruction; (b) the malfunctioning of any equipment; (c) HEALTHFITNESS’s training, supervision, or dietary recommendations; (d) my slipping and/or falling while in or on the THE GETTY FITNESS CENTER premises, including adjacent sidewalks and parking areas.

I further understand, as a participant of the health and fitness program who is to be assessed and given the opportunity to participate in an exercise program at the THE GETTY FITNESS CENTER, I will have the option to receive a fitness assessment that measures some or all of the following items: (1) flexibility; (2) muscular strength and endurance; (3) body composition; (4) changes in heart rate and blood pressure before, during and after an exercise test. I understand a particular set of results from the fitness assessment does not necessarily mean I am: (1) fit, (2) unfit, or (3) likely to benefit from exercise or changes in diet. That judgment can only be made by my physician.

I am aware that the fitness assessment is for the purpose of designing a personal exercise program and providing information on conditioning levels compared to norms. I understand the fitness assessment is not intended to replace any medical screening I may need, and neither THE GETTY FITNESS CENTER, HEALTHFITNESS, nor any of their Affiliates, will determine whether an exercise program or dietary change are medically appropriate for me. I understand it is my responsibility to consult with my physician regarding these matters.

I further understand HEALTHFITNESS staff will question me about my health status, and I agree to complete a health history questionnaire. I certify the information I provide to HEALTHFITNESS staff about my health and exercise history and current health status will be, to the best of my knowledge, complete and accurate, and I agree and understand it is my responsibility to inform HEALTHFITNESS staff in the event of any change in my health or medical status. HEALTHFITNESS shall treat information regarding my personal health and medical status as confidential. HEALTHFITNESS shall not release such information without my written consent, except: to authorized HEALTHFITNESS and J. Paul Getty Trust employees, agents, successors, and assigned contractors who we use to support our business; in connection with any programs sponsored by my employer in which I participate; in connection with the sale, assignment, or other transfer of the business which the information relates; when applicable by laws, court orders, or when government regulations require us to do so; and to health care personnel for treatment purposes (including, for example, emergency assistance personnel). I understand that HEALTHFITNESS may use or disclose to others information regarding my health for statistical analysis or other research purposes, provided that my name and other personally identifiable information will be removed from the information prior to such uses and disclosures.

I understand there are possibilities of injury or other complications, including but not limited to musculoskeletal injuries, cardiovascular trauma, neurological impairment, heart attack and even death, which may occur during fitness assessment, while completing an exercise program, while otherwise using the THE GETTY FITNESS CENTER facilities, or while participating in any health and fitness program activities.

I voluntarily agree to submit to a fitness assessment and to assume all risks associated with my participation in the fitness assessment, health and fitness programs, (including a personal exercise program) and use of THE GETTY FITNESS CENTER facilities. I understand and acknowledge it is my responsibility not to exceed the guidelines established for me on my exercise program card and in other program materials.

I understand use of the THE GETTY FITNESS CENTER and participation in a fitness assessment, health and fitness program activities is strictly voluntary, is not required of employees of participating companies, and I may discontinue my participation at any time. I further understand HEALTHFITNESS may revoke my privileges to use the THE GETTY FITNESS CENTER or otherwise participate in assessment or other programs at any time, in its sole discretion. I agree to be bound by and obey all the rules and policies of the THE GETTY FITNESS CENTER, HEALTHFITNESS and HEALTHFITNESS staff in my use of the THE GETTY FITNESS CENTER and in my participation in the health and fitness program activities.

I understand at any time I may review this Release of Liability and Consent by requesting a copy from HEALTHFITNESS staff. I agree if any portion of this form is held invalid, the remainder of this form will continue in full legal force and effect.

Getty Fitness Center General Policies and Procedures

Supervised hours: Mon-Thurs 8:00 am- 8:00 pm. Friday 8:00 am- 6:00 pm.	All injuries must be reported to staff: including minor accidents, light headedness, fainting, etc.	Inappropriate language will result in suspension.
A fitness assessment (scheduled by appointment) needs to be completed to obtain 24/7 hour access. If exercising alone during unsupervised hours, please notify security. Dial x7000 in case of emergency.	Fitness staff has the authority to ask a member to leave if necessary. Unauthorized visitors are not eligible to use the fitness center and will be asked to leave.	Members are responsible for notifying the staff of any changes in health status (e.g., pregnancy, new medication, hospitalization, etc.).
Appropriate clothing must be worn at all times. Closed toe shoes only.	J. Paul Getty Trust and Health Fitness assume no responsibility for lost, stolen, or damaged articles.	All members must log in to the check-in computer before each exercise session.
Equipment malfunctions should be reported to staff. Return equipment to their designated area. Clean equipment after usage.	Lockers are for exercise sessions ONLY . Items left in lockers overnight will be removed. Notify staff if supplies in locker room are running low.	Members with Zero check-ins over the course of a 90 day span will be suspended. In order to re-activate, you must complete another health history questionnaire.

Please see our section (under “Other Programs, Discounts and Benefits”) on GO for more information:

<https://gettybenefits.com/Work-or-Life/Other-Benefits-and-Discounts>

By signing below, I have acknowledged that I carefully read this Release of Liability and Consent and fully understand its terms. I sign it voluntarily with full knowledge of its legal significance and understand that I have the right to have my attorney review it. I am 18 years of age or older.

Participant Signature

HEALTHFITNESS Staff Signature

Participant Name

HEALTHFITNESS Staff Name

Date _____

Date _____

* “Affiliates” means any branch, division, or subsidiary of HEALTHFITNESS, or HEALTHFITNESS’s present and former officers, directors, shareholders, trustees, employees, agents, representatives, contractors, and the successors and assigns of each, whether in their individual or official capacities.