



LINN COUNTY PUBLIC SERVICE CENTER FITNESS CENTER

FACILITIES: Linn County has fitness centers located in the Public Service Center located at 935 2nd Street SW and at the Community Services Building located at 1240 26th Street Ct SW. The fitness centers consist of cardiovascular equipment, strength training equipment and televisions. Locker rooms and shower facilities are available for use of employees.

HOURS OF OPERATION: Monday - Friday, 5:00 a.m. to 9:00 p.m.
Saturday & Sunday 6:00 a.m. to 5:00 p.m.

ELIGIBILITY:

- Regular full and part-time (20 hours per week or more) Linn County employees

MEMBERSHIP: \$15 annual membership fee – Paid Annually on or before membership expiration

The following forms **must** be completed, along with an orientation of the Fitness Center, before membership is granted.

1. **Acknowledgement of Assumption of Risk, Release and Indemnity Agreement:** This form must be completed and signed prior to use of the fitness center.
2. **PAR-Q:** This form assesses your ability to immediately perform moderate to vigorous activity. This form must be completed prior to joining the center. A Physician's Release form could be requested if health concerns are present.

NOTES:

1. Weekdays between the hours of 8:00 a.m. – 5:00 p.m., please park in the employee parking lots.
 2. Your County issued access card will gain you access to the front entrance of the buildings and into the Fitness Center and locker room area.
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HOW DO I GET STARTED?

1. For details on becoming a member check out the forms on the intranet or call Risk Management to obtain copies of the forms and e-mail risk_mgmt@linncounty.org to schedule an orientation.
2. Bring completed forms to the orientation appointment.



Linn County
Fitness Center Activity Agreement
Acknowledge of Assumption of Risk, Release, and Indemnity Agreement

I, desire to use Linn County’s Fitness Center facilities and equipment (hereinafter “the facilities”) for my recreation and for the improvement of my own fitness and athletic skills. In consideration of being allowed to use the facilities, I voluntarily and knowingly agree as follows:

There is good, adequate and sufficient consideration being provided to me by Linn County for the contents of this Agreement.

I recognize that severe injuries can occur in any athletic or fitness program or activity, and I realize those severe injuries can include joint sprains, muscle strains, back injuries, heart attacks, permanent paralysis, and even death. I realize it is in my best interest to consult a doctor before engaging in any physical training. I acknowledge and assume all such risks in connection with my use of the facilities.

On behalf of myself, and anyone who might claim through me, I hereby forever **indemnify, release and hold harmless** Linn County, its agents, Board members, employees, and fitness center staff from all negligence, fault or liability for any and all damages and injuries suffered by me in connection with said use of the facilities. I understand that my participation is entirely by my own choice and with the acknowledgement, understanding and assumption of the risk of injuries involved in any activity within the fitness center.

I HAVE BEEN WARNED that any activity involving physical exercise has the possibility of injury. I have been advised and understand as follows:

1. The equipment in the facility is intended for use **ONLY** by persons who have undergone the prescribed instructions and training for use of this facility and its equipment.
2. Use without proper instruction and/or supervision is **DANGEROUS** and should not be undertaken.
3. Before using, all users should know their limitations and the limitations of the equipment. If in doubt, a user should not proceed, but wait for qualified supervision.
4. Issuance of a key card or key card access requires me to follow policy OP-017, Key and Key Card Access Control Policy.

Date: _____

Printed name: _____

Signature: _____

CAUTION: THIS IS A RELEASE READ BEFORE SIGNING

Physical Activity Readiness
Questionnaire: PAR-Q
(revised 1994)

PAR-Q & YOU

(A Questionnaire for People Age 15-69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Check YES or NO.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

If you answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want—as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

No to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active—begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in the fitness appraisal—this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

DELAY BECOMING MUCH MORE ACTIVE:

If you are not feeling well because of a temporary illness such as a cold or fever—wait until you feel better; or If you are or may become pregnant—talk to your doctor before you start becoming more active

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PARQ: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

Note: If the PAR-Q is being given to a person before he/she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME: _____
SIGNATURE: _____
WITNESS: _____

DATE: _____



Linn County Fitness Center

Physician's Release

*If you answer "yes" to any question on the Par-Q Form,
you must have a signed Physician's Release to join the Center*

_____ has my approval to participate in a fitness program, which will include progressively increasing amounts of general conditioning and aerobic activity.

Physician's Name

Physician's Signature

Physician's Telephone Number

Date