FIT Academy
FIT Instructor Prep Course
Registration Form

Last Name: ___________________ First Name: ___________________ OU ID: ___________________

☐ Student/Year: ___________________  ☐ Faculty  ☐ Staff  ☐ Other: ___________________

Phone Number: _________________________ Email: _________________________

Describe your current experience teaching or taking fitness classes:

What is your goal for taking this training?

What classes are you interested in teaching?

Do you have any questions or concerns that you would like to discuss?

I understand that self-study and attendance in a wide variety of FIT Classes will be required to successfully complete the course. Participation in this program does not guarantee employment with Fitness and Recreation. The fee to take the NETA Group Fitness Instructor Certification Exam is not included in this program.

Signature: ___________________________ Date: _________________________

The University of Oklahoma is an equal opportunity institution. www.ou.edu/eoo

Office Use Only:
Payment Date_______________ Cashier __________ Receipt # _______________  ☐Cash  ☐Check  ☐Credit

☐ Get Active Questionnaire Completed  ☐ Liability Waiver Completed
University of Oklahoma Norman Campus
WAIVER and RELEASE of LIABILITY

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the University for injuries or losses you may cause or sustain as a result of participation in on or off-campus activities.

The University of Oklahoma is a state educational institution. References to the University of Oklahoma include its Board of Regents, officers, agents, faculty, employees, volunteers, students, UOSA and administrative organizations.

I [print your name] __________________________________________________ freely choose to participate in the usage of Fitness and Recreation facilities as a member or guest, which may include the following activities:

- Intramural Sports
- Rock Wall/Climbing
- Personal Training
- Aquatics Activities
- Individual/Team Fitness
- Group Fitness Classes
- Massage Therapy
- Wellness Coaching
- Personal Training
- Massage Therapy
- Aquatics Activities

I understand that the University of Oklahoma is not an agent of and has no responsibility for any third party that may provide services including food, lodging, travel, or equipment. The University of Oklahoma has not reviewed the qualifications of the Activity organizer or sponsor, and does not endorse or sponsor the program or its safety or quality.

For off-campus activities, I agree to inform myself about the potential dangers of the area I am traveling to and precautions I should take, including reviewing the State Department Consular Travel Information at http://www.travel.state.gov and the Centers for Disease Control Travelers Information at http://www.cdc.gov/travel/ for health and immunization information, and any other information that the Activity organizer, sponsor or the University may provide.

For a “Wilderness” trip, I understand that it may take 48 hours or more to arrive at a medical facility, transportation to which may be by boat or on foot. I accept the increased risk that such isolation may pose in the event of injury.

I understand that it is my responsibility to acquire and use activity-appropriate and/or required equipment and protection. I agree to reduce the risk of injury to myself and others by following applicable rules and procedures, by limiting my participation to reflect my personal fitness level and by notifying the Activity coordinator immediately if I do not believe I can safely continue in the Activity. I agree that if I fail to act in accordance with this agreement I may not be permitted to continue in the Activity.

Despite precautions, accidents and injuries can and do occur. I understand that the Activity and transportation may be dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the Activity. Therefore, I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITIES including death, injury, illness or loss from accidents, theft of or damage to personal belongings.

Medical Treatment Authorization
I authorize the University of Oklahoma to act on my behalf in any medical emergency.

______________________________  ____________________
Signature  Date

(Signature of Parent or Legal Guardian is required if participant is under 18.)

Release from Liability, Indemnification Agreement and Covenant Not to Sue

To the fullest extent permitted by law, on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, I agree to forever RELEASE, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE the University of Oklahoma from any cause of action, claim, or demand, including one related to bodily injury, property damage, death or accident arising out of or related to my participation in the Activity.

I assure the University of Oklahoma that I have adequate health insurance to provide for any medical needs or costs that may result from my participation in the Activity.

My signature below indicates that I have read, understood, and freely signed this agreement, which shall take effect as a sealed instrument. I further certify that my date of birth is ______________ (month/day/year), and that my present age is _____, and that I am otherwise legally competent to sign this agreement.

This agreement shall be construed and enforced in accordance with the laws of the State of Oklahoma, and I consent to the jurisdiction of this state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted and that if any portion is held invalid, the remainder shall continue in full legal force and effect.
Fitness and Recreation Locker Waiver

By voluntarily placing my personal items in the University of Oklahoma lockers at the Sarkeys Fitness Center and/or Murray Case Sells Swim Complex, I understand, recognize and agree that the University shall not be responsible for any of my items which are lost, stolen or damaged. Further, I understand all items must be removed from my locker immediately upon the end of my contract or my locker will be cleared of my belongings. My belongings will then enter the University property disposal system. I agree not to store any illegal or prohibited items. I understand that this facility is subject to search and this serves as my consent to such search. I understand that the searched items may be confiscated by the University and/or law enforcement officials.

Get Active Questionnaire

It is recommended that prior to beginning an exercise program, annually, or as your health status changes, to take a health and fitness self-assessment to determine if a doctor should be consulted to discuss your risk factors. A Get Active Questionnaire is available at the front desks of the Sarkeys Fitness Center and Murray Case Sells Swim Complex to assist with this process.

My signature below indicates I am at least 18 years of age and I have read, understand, and freely signed this agreement.

* * * * * IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING * * * * *

Printed Name ________________________________________                         If Participant is under the age of 18
Signature ___________________________________________                         Parent’s Printed Name ________________________________
Date _______________________________________________                         Parent’s Signature ______________________________________
Address _____________________________________________                         Parent’s Address ______________________________________
Phones ______________________________________________                         Parent’s Phone(s) ______________________________________

Guest Waiver Sponsor Information

Name ______________________________________________                         ID# ___________________
Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see csep.ca/certifications) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

### PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer YES or NO to each question before you become more physically active. If you are unsure about any question, answer YES.

1. Have you experienced ANY of the following (A to F) within the past six months?
   - A Diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
   - B Diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
   - C Dizziness or lightheadedness during physical activity?
   - D Shortness of breath at rest?
   - E Loss of consciousness/fainting for any reason?
   - F Concussion?

2. Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

3. Has a health care provider told you that you should avoid or modify certain types of physical activity?

4. Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

**NO** to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY

**YES** to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE
GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do vigorous-intensity physical activity (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.

DEVELOPMENT

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct. If my health changes, I will complete this questionnaire again.

I answered NO to all questions on Page 1

I answered YES to any question on Page 1

Check the box below that applies to you:

☐ I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.

☐ I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

☐ Check this box if you would like to consult a QEP about becoming more physically active.

(This completed questionnaire will help the QEP get to know you and understand your needs.)
Have you experienced ANY of the following (A to F) within the past six months?

<table>
<thead>
<tr>
<th>A</th>
<th>A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?</th>
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<tbody>
<tr>
<td></td>
<td>Physical activity is likely to be beneficial. If you have been treated for heart disease but have not completed a cardiac rehabilitation program within the past 6 months, consult a doctor — a supervised cardiac rehabilitation program is strongly recommended. If you are resuming physical activity after more than 6 months of inactivity, begin slowly with light- to moderate-intensity physical activity. If you have pain/discomfort/pressure in your chest and it is new for you, talk to a doctor. Describe the symptom and what activities bring it on.</td>
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<td></td>
<td>□ YES</td>
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<thead>
<tr>
<th>B</th>
<th>A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?</th>
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<tr>
<td></td>
<td>Physical activity is likely to be beneficial if you have been diagnosed and treated for high blood pressure (BP). If you are unsure of your resting BP, consult a health care provider or a Qualified Exercise Professional (QEP) to have it measured. If you are taking BP medication and your BP is under good control, regular physical activity is recommended as it may help to lower your BP. Your doctor should be aware of your physical activity level so your medication needs can be monitored. If your BP is 160/90 or higher, you should receive medical clearance and consult a QEP about safe and appropriate physical activity.</td>
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<td></td>
<td>□ YES</td>
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<thead>
<tr>
<th>C</th>
<th>Dizziness or lightheadedness during physical activity</th>
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<td></td>
<td>There are several possible reasons for feeling this way and many are not worrisome. Before becoming more active, consult a health care provider to identify reasons and minimize risk. Until then, refrain from increasing the intensity of your physical activity.</td>
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<tr>
<th>D</th>
<th>Shortness of breath at rest</th>
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<tr>
<td></td>
<td>If you have asthma and this is relieved with medication, light to moderate physical activity is safe. If your shortness of breath is not relieved with medication, consult a doctor.</td>
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<tr>
<th>E</th>
<th>Loss of consciousness/fainting for any reason</th>
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<tr>
<td></td>
<td>Before becoming more active, consult a doctor to identify reasons and minimize risk. Once you are medically cleared, consult a Qualified Exercise Professional (QEP) about types of physical activity suitable for your condition.</td>
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<tr>
<th>F</th>
<th>Concussion</th>
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<tr>
<td></td>
<td>A concussion is an injury to the brain that requires time to recover. Increasing physical activity while still experiencing symptoms may worsen your symptoms, lengthen your recovery, and increase your risk for another concussion. A health care provider will let you know when you can start becoming more physically active, and a Qualified Exercise Professional (QEP) can help get you started.</td>
</tr>
</tbody>
</table>

Use this reference document if you answered YES to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

After reading the ADVICE for your YES response, go to Page 2 of the Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY.
2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active? □ YES

If this swelling or pain is new, consult a health care provider. Otherwise, keep joints healthy and reduce pain by moving your joints slowly and gently through the entire pain-free range of motion. If you have hip, knee or ankle pain, choose low-impact activities such as swimming or cycling. As the pain subsides, gradually resume your normal physical activities starting at a level lower than before the flare-up. Consult a Qualified Exercise Professional (QEP) in follow-up to help you become more active and prevent or minimize future pain.

3 Has a health care provider told you that you should avoid or modify certain types of physical activity? □ YES

Listen to the advice of your health care provider. A Qualified Exercise Professional (QEP) will ask you about any considerations and provide specific advice for physical activity that is safe and that takes your lifestyle and health care provider's advice into account.

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active? □ YES

Some people may worry if they have a medical or physical condition that physical activity might be unsafe. In fact, regular physical activity can help to manage and improve many conditions. Physical activity can also reduce the risk of complications. A Qualified Exercise Professional (QEP) can help with specific advice for physical activity that is safe and that takes your medical history and lifestyle into account.

After reading the ADVICE for your YES response, go to Page 2 of the Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY

WANT ADDITIONAL INFORMATION ON BECOMING MORE PHYSICALLY ACTIVE?

- csep.ca/certifications
  CSEP Certified members can help you with your physical activity goals.

- csep.ca/guidelines
  Canadian Physical Activity Guidelines for all ages.