

STARPORT PARTNER FORM

STARPORT NASA EXCHANGE JSC

Applicant must present work badge, or signed company letter with employee identification number. Employee must be present to initialize spouse, domestic partner, or dependent's membership. Proof of residence, driver's license, and/or birth certificate may be required at anytime for verification.

First Name	Last Name	MI	Birthdate [MM/DD/YY]	Gender
				<input type="checkbox"/> M <input type="checkbox"/> F
Street Address		City	State	Zip Code
Primary Email Address		Primary Phone Number		
Emergency Contact Name and Relationship		Emergency Contact Phone Number		

Initial Per NASA policy [NPR 1800.1C-3.3.6.2] all new members to the NASA-JSC Gilruth facility must receive a fitness center orientation conducted by a NASA-JSC Starport Fitness Technician or a Management Personnel.

I have received a formal orientation of the Fitness Center OR am scheduled on ___/___/____. Please email me to set up an initial orientation time

Release of Liability and Member Agreement

Initial In consideration of gaining membership or being allowed to participate in the activities and programs of Starport Fitness and to use its facilities, equipment, and machinery, in addition to the payment of any additional fees or charges not covered by your employer for example (personal training, massage therapy, specialty fitness classes, creative learning, recreational teams, etc.), I do hereby waive, release and forever discharge Starport Fitness, its officers, agents, employee's representatives, executors, and all other from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Starport Fitness or the use of equipment at Starport Fitness.

Initial I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and I am voluntarily participating in any activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury and death.

Initial I do hereby further declare myself to be physically sound and suffering from no condition impairment, disease, infirmity, or illness that will prevent my participation in any activities or programs of the Starport Fitness or use of equipment or machinery except hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise or training equipment so that I might have recommendation concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician, and I do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Initial I acknowledge that it is my responsibility to know and abide by the code of conduct and regulations governing Starport Fitness. Failure to comply with these rules may result in termination or suspension of my membership privileges at anytime.

Initial I understand that my membership is a benefit from my employer and is contingent upon my employers involvement in the Starport Partnership program and my employment status.

Employer _____

Applicant Signature _____

Date _____

Signature of Parent _____
Or Guardian (for participants under the age of 18 years old)

Reviewed By _____

Office Use Only

<input type="checkbox"/> Civil Servant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent	<input type="checkbox"/> Non Partner	<input checked="" type="checkbox"/> Partner	<input type="checkbox"/> Intern
Employer			Affiliation		
			Starport Partner		Starport Partner
Membership Type		Monthly/Annual		Cost	
		Annual		n/a	
<input type="checkbox"/> New Member	<input type="checkbox"/> Returning Member	<input type="checkbox"/> Returning, would like orientation			

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 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 <u>and</u> 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 (for example, back, knee or hip) 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 <u>any other reason</u> 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 which 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 a 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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be 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 PAR-Q: 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.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or 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 _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.