



FITNESS READINESS QUESTIONNAIRE

October 2019

NEW HIRE INFORMATION	
MPS ID #	Full Legal Name
Address	City
Telephone	Emergency Contact Information
POSITION INFORMATION	
Position	Location / Department
<p>Yes, I would like to use the Fitness Center. <input type="checkbox"/></p> <p>No, I would not like to use the Fitness Center. <input type="checkbox"/></p>	
<p><u>PLEASE CONSULT YOUR PHYSICIAN BEFORE ENGAGING IN PHYSICAL ACTIVITY.</u></p>	
RISK AND RELEASE STATEMENT / AUTHORIZATION	
<p>In agreeing to participate in physical activity at the Muskogee Schools Fitness Center, I affirm that my general health is good, that I am not adversely affected by exercise and that I am capable of performing exercise of a vigorous nature. I am aware of the possibility of accidental or physical injury during the exercise programs.</p> <p>In consideration of participating at the Muskogee Schools Fitness Center, I agree to assume all risks of injury and will hold harmless from any and all liability, actions, causes or actions, claims and demands of every kind and nature whatsoever which I now have or which may arise of, or in connection with any participation activities arranged by Muskogee Schools, it's employees, and staff. These terms will serve as a release and assumption of risk.</p> <p>FACILITY RULES: Only adult employees of Muskogee Public Schools are allowed to use the fitness center with their personal identification and key fob. Spouses of employees may use the fitness center with the allowed employee AND must have PAR-Q on file. Children are not allowed in the fitness center at any time.</p> <p>Employees/spouses are only allowed in the designated area of the fitness equipment and restrooms at the posted times. Times are subject to change without notice.</p> <p>I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.</p>	
Date	Signature