



BP FITNESS CENTER

bpfitnesscenter.net

832-619-2244
832-664-4568

WL1 , First Floor
Helios Plaza, First Floor

Visitor Par-Q*

Name: _____ Date: _____

Office Address (city, country, etc.): _____ Cell Phone# _____

Are you a member of another BP Fitness Facility (company sponsored) and if so where?

Are you a member of a commercial fitness facility or club? If so, where?

Reason for your visit/sponsor you are visiting on the Westlake Campus: _____

Length of visit? _____

The Physical Activity Readiness Questionnaire (PAR-Q)

The following questionnaire is voluntary, but recommended. Regular physical activity is fun and healthy, and increasingly more people are becoming active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active.

Hopefully you are already physically active and are looking to continue that activity while visiting the Houston Westlake Campus. The PAR-Q will tell you if you should check with a doctor before you start (or continue).

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

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

2. Do you feel pain in your chest when you do physical activity?

3. In the past month, have you had chest pain when you were not doing physical activity?

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

□

WAIVER AND RELEASE
USE OF BP FITNESS CENTER

As a condition of being permitted to access the BP Fitness Center and use the facility and its programs, I, _____, HEREBY WAIVE AND RELEASE, BP America Inc. (“BP”) and its agents, employees, officers, directors, affiliates, successors and assigns (collectively “BP Releasees”), of and from any and all claims arising from my participation in any of the events or activities at the BP Fitness Center.

By this Waiver, I assume any risk and waive any claims of personal injury, death or damage to personal property associated with my use of the BP Fitness Center including but not limited to undergoing the fitness evaluation required for joining the BP Fitness Center, taking group exercise classes or other cardiovascular activities classes at the facility, using the facility and its equipment in any manner, and practicing and/or engaging in weightlifting activities, or other related activities on and off the premises. Use of the facility and its equipment includes, but is not limited to mean, use of cardiovascular equipment, strength machines, free weights, showers, and locker rooms, etc. **You are encouraged to seek the advice of your personal physician prior to engaging in any exercise program.**

I agree that if a legal dispute arises, I will attempt to settle the dispute through mediation before a mutually acceptable mediator. To the extent mediation does not result in a resolution, I agree to submit the dispute to binding arbitration through the American Arbitration Association in Texas. I agree the laws of Texas shall apply in any action sought.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

Date

Printed Name

Signature

Signature of Parent or Guardian if an intern is under the age of 18