

**New Participant Registration Packet**

**Personal Information**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Would you like to receive email alerts (center closures, updates etc.)** YES NO

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Attendant Information:**

**Name:** \_\_\_\_\_

**Would you like for them to be the main point of contact?** YES NO

\*If yes, please provide their information below\*

**Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_ \*attendant must be always within arm's reach of member\*

**Emergency Contact Information**

**Contact Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Relationship to Self:** \_\_\_\_\_

**Parking Permit Information**

**Car Make/Model :** \_\_\_\_\_ **License Plate:** \_\_\_\_\_

<b>Staff Use Only</b>	<b>Staff Signature</b>	<b>Date</b>
Application Reviewed		
Member Card Given		
Parking Permit Issued		
Permit#		

**Health Information and Medical History**

For your safety, the center may require a medical clearance form before your participation.

Have you been diagnosed with any of the following?

	Yes	No	If yes, is it controlled with medication?
Abnormal EKG			
Heart Attack			
Heart Disease			
High Blood Pressure			
Heart Murmur			
Irregular Heart Rhythm			
Diabetes			
High Cholesterol			
Thyroid Disease			
Kidney Disease			
Asthma			
Parkinson's Disease			
Multiple Sclerosis			
Epilepsy or Seizure Disorder			
Alzheimer's			
Dementia			

Is there any additional information you think is important for us to know (Medical/Non-Medical)?

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Do you have any allergies that we should be aware of? If yes, please describe:

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Do you currently experience or have experienced any of the following?			
	Yes	No	Are you currently receiving medical care for this?
Heart Surgery			
Stroke			
Unexplained swelling in the legs (not due to injury)			
Unexplained shortness of breath			
Pain or discomfort in the chest during activity			
Heart Palpitations			
Covid-19			Are you experiencing any long lasting symptoms?
Dizziness or fainting			
Joint Replacement			Which joint?

Have you had surgery in the last 3 months? If yes, please describe:

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Are you able to participate in unsupervised exercise? If no, please describe:

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**AGREEMENT AND RELEASE FROM LIABILITY**

By initialing in the space provided and signing below, I am acknowledging that I have read and understand the following:

**PATRON AGREEMENT OF CODE OF CONDUCT AND POLICIES AND PROCEDURES**

\_\_\_\_\_ I have read and understand the attached Timpany Center Code of Conduct and Policies and Procedures. I understand and agree that the use of the Timpany Center is a privilege and that I must comply with the Code of Conduct and Policies and Procedures in order to use the facility and participate in its programs. I understand and agree that violations of this code and these policies may result in the revocation of my right to access and participate in the Timpany Center programs and the forfeiture of any membership, class, or other fees that have been paid.

\_\_\_\_\_ I agree to comply with Timpany Center's policies regarding the COVID-19 virus and immunization requirements. In particular, I agree that I will not use Timpany Resources in person unless I a) have completed a course of appropriate immunization for the COVID-19 virus, or b) am wearing a COVID- appropriate face covering, both as defined by the Center for Disease Control.

\_\_\_\_\_ I acknowledge that Timpany Center may delay or modify the nature of my access to Timpany Center facilities with or without notice, including without limitation closure and programming changes, in response to unusual events beyond Timpany Center's reasonable control that prevent or substantially interfere with Timpany Center's operations, whether or not foreseeable, including without limitation changing COVID conditions and local/state/federal guidance on and responses to changing COVID conditions.

**VOLUNTARY PARTICIPATION**

\_\_\_\_\_ I hereby acknowledge that I have voluntarily applied to use the Timpany Center located at 730 Empey Way, San Jose, CA 95128, to participate in various activities in the facility, including, but not limited to, activities in the swimming pool, gymnasium, and fitness center.

**ASSUMPTION OF RISK**

\_\_\_\_\_ I am aware that any Timpany Center activities including aquatic-based and/or land-based activities can be hazardous. I am voluntarily participating in these activities with knowledge of the danger involved. I hereby agree to accept any and all risks of injury or death.

**LIABILITY RELEASE**

\_\_\_\_\_ I agree that all Timpany resources, including without limitation its facilities, services, website, and classes, whether consumed digitally or otherwise ("Timpany Resources"), are provided "as is," and agree that University makes no warranties or representation of any kind, including without limitation warranties about the condition of Timpany Resources or their fitness for a particular purpose.

\_\_\_\_\_ In consideration for being allowed to participate in these activities and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue the State of California, the Trustees of the California State University, California State University, San Jose State University**, and their employees, officers, directors, volunteers and agents (**collectively "University"**) and the **San Jose State University Research Foundation** and their employees, officers, directors, volunteers and agents (**collectively "Auxiliary Organization"**) from any and all claims, **including claims of the University's or Auxiliary Organization's negligence** resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss I may suffer because of my participation in any activities at the Timpany Center, including travel to, from and during Timpany Center activities.

\_\_\_\_\_ IN THE EVENT THAT A CLAIM OR CAUSE OF ACTION FOR SUCH LIABILITY IS BROUGHT AGAINST UNIVERSITY, NOTWITHSTANDING MY STATEMENTS HEREIN, I AGREE THAT UNIVERSITY'S TOTAL LIABILITY, INCLUDING BUT NOT LIMITED TO DAMAGES, COSTS, AND ATTORNEY'S FEES, SHALL BE LIMITED TO THE COST OF MY ACCESS TO TIMPANY RESOURCES, AND SHALL EXCLUDE ANY AND ALL INDIRECT, PUNITIVE, EXEMPLARY, REMOTE, SPECULATIVE OR SIMILAR DAMAGES IN EXCESS OF COMPENSATORY DAMAGES, TO THE EXTENT ALLOWED BY APPLICABLE LAW.

\_\_\_\_\_ I am voluntarily participating in the Timpany Center activities. I am aware of the risks associated with traveling to, from and participating in these activities, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, death and/or property damage. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, negligence, conditions related to travel, or the condition of the Timpany Center activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in any Timpany Center activity, including travel to, from and during the Timpany Center activity.**

\_\_\_\_\_ I agree to hold the **University and Auxiliary Organization** harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in Timpany Center activities, including travel to, from and during these activities. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. I am also aware that the Timpany Center is not a medical facility and does not provide medical treatment.

#### **MEDIA RELEASE**

\_\_\_\_\_ I hereby certify that I am and adult over the age of eighteen (18) years and I hereby consent that any film, photographs, videotapes, and/or sound recordings made of my by Timpany Center may be used by SJSU, SJSURF and/or affiliates, and those acting with its permission, for the purpose of illustrations, publications, or broadcasts in connection with promotion the work of and for the Timpany Center.

#### **COMPLETION OF ALL PAPERWORK**

\_\_\_\_\_ I agree that I will complete any other paperwork necessary to complete the participant inquiry process, including a physician's clearance if requested.

**KNOWING AND VOLUNTARY EXECUTION**

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University and the Auxiliary Organization from all liability, (b) promising not to sue the University and the Auxiliary Organization, (c) and assuming all risks of participating in Timpany Center activities, including travel to/from and during the Timpany Center activities.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me. If at any time I cannot abide by any of the statements in this document, or if at any time I encounter unsafe conditions during my access to Timpany Resources, I will immediately discontinue my use of those Timpany Resources until such time as I can abide by the statements in this document and until conditions are safe.

Participant - Print name and Sign \_\_\_\_\_

Date: \_\_\_\_\_

**If Participant is not 18 years of age or older, custodial parent's or legal guardian's signature authorization must be obtained:**

I, \_\_\_\_\_ (print name), certify that I am a custodial parent or legal guardian of the above-named participant. I have read and agree to the provisions stated above for the participant, and consent to his/her access to and/or participation in all Timpany Center activities, including, but not limited to, activities in the swimming pool, gymnasium, and fitness center. I acknowledge that I have specifically read and agree, on behalf of the Participant, a minor, and myself, to be bound by the terms, conditions, and policies in this Agreement and Release from Liability.

Custodial parent or Legal Guardian - Print name and Sign:

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Date: \_\_\_\_\_