



HEDDINGHAM GOLF & ATHLETIC CLUB

| | |
|-------|--|
| Lot # | |
| Start | |
| End | |
| Card | |

Heddingham Homeowners Association Scan Card-PARQ Form

RESIDENT INFORMATION

Name _____ Birthdate: _____ Age _____ Male Female

Address: _____ Email Address _____

Phone: (H) _____ (W) _____ (O) _____

List all children under the age of 12 that are living with you:

Name _____ Birthdate: _____ Age _____ Male Female

Name _____ Birthdate: _____ Age _____ Male Female

Name _____ Birthdate: _____ Age _____ Male Female

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Directions: Every eligible person in the residence must complete the PARQ before being allowed access to the Athletic Club. Anyone under 18 years of age must have a guardians signature. For most people physical activity should not pose any problem or hazard. PARQ has been designed to identify the small number of adults for which physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and answer all questions as accurately as possible.

- 1 List all current medications: _____
- 2 List any Drug allergies you may have: _____
- 3 Current Serious Medical condition: _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 4 Has your doctor ever said you have heart trouble? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Do you frequently have pains in your heart and chest? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Do you often feel faint or have spells of severe dizziness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Has a doctor ever said your blood pressure was high? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse by exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Are you over 65 and not accustomed to vigorous exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Are you a smoker? | <input type="checkbox"/> | <input type="checkbox"/> |

EMERGENCY CONTACT INFORMATION

Preferred Physician Group _____ Doctor _____

Emergency Contact Persons: _____

Name _____ Relation: _____ Phone #: _____

Name _____ Relation: _____ Phone #: _____

I understand that this card is issued by Fred Smith Management acting as agent for the Heddingham Homeowners Association (HOA) and is the property of Heddingham Homeowners Association. Should the card be lost, stolen, or not returned at the time of move out I understand that I will be charged a \$25.00 lost card fee.

Resident Signature _____ Date _____

Parent or Guardian _____ Date _____

ASSUMPTION OF RISK ACKNOWLEDGMENT

I (print your name _____), in consideration of being allowed to use the equipment, programs, and facilities at Hedingham Golf & Athletic Club at Hedingham ("the facilities"), I on my own behalf and on behalf of any minor Child (ren) agree as follows: I understand that my and/or minor child (ren)'s use of the Facilities involves unavoidable risks, including, without limitation, the risks of serious bodily injury, permanent disability, paralysis and death. These risks may be caused by my and/or minor child's own actions or inaction, those of others using the Facilities, the conditions of the Facilities, or the acts, omissions, or negligence of the Hedingham Golf & Athletic Club successors, assigns, shareholders, directors, officers, agents, and employees. I also understand that there may be other risks not reasonably foreseeable at this time.

I chose to use the Facilities and allow my minor child (ren) to participate in using the Facilities in spite of these risks and I accept and assume ALL risks and ALL responsibility for losses, costs, and damages to person or property I and/or my minor Child (ren) incur as a result of my and/or my minor child (ren) use of the Facilities, including without limitation, death, disease, emotional distress or damage.

I understand the nature of the Facilities and I represent that I and/or my minor child (ren) am qualified, in good health, and in proper physical condition to use the Facilities, or have signed a Health Waiver. If at any time it appears that my and/or my minor child (ren)'s qualifications, health or physical condition change, I will immediately notify Facilities management. I hereby affirm that I have read and fully understand all of the above.

Signature (Parent or Guardian if under 18)

Date

RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

I (Print your name _____), in consideration of my and/or my minor child (ren)'s use of equipment, programs, and Facilities of Hedingham Golf & Athletic Club at Hedingham ("the Facilities"), I hereby release, forever discharge, and covenant not to sue Hedingham Golf & Athletic Club Association, its successors, assigns, shareholders, directors, officers, agents, and employees (each a "Release" herein) from any and all liability, claims, demands for any injury, illness, death or loss of or damage to property that I and/or my minor child (ren) may suffer while using the Facilities. This release and waiver of liability specifically includes, without limitation, liability, claims, demands for injury, illness, death, loss, or damage caused by the acts, omissions, or negligence of Release. I further agree that if I, or anyone, on my and/or minor child (ren)'s behalf makes a claim or demand against any Release, I will indemnify, defend, and hold harmless each Release from any loss, liability, damage, or cost that may incur as a result, including without limitation, the costs of reasonable attorney's fees incurred to defend the claim.

I hereby affirm that I have read and fully understand this RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT and I understand that I give up substantial rights by signing it. I represent that I have signed it freely and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and I agree that if any portion of this agreement is held to be invalid, the balance, not withstanding, shall continue in full force and effect.

Signature (Parent or Guardian if under 18)

Date