



Department of Health Sciences

Student Information Health History & Assumption of Risk

Class Name _____ semester _____

Name _____ NAU ID# _____

Email _____ Phone _____ Age _____

Emergency Contact _____ Phone _____

Doctor _____ Phone _____

Insurance Provider _____ Policy Number _____

Previous exercise/fitness experience _____

MEDICAL HISTORY STATEMENT: I understand that this class environment involves strenuous physical activity and that good health is essential to my safety and well-being. I hereby confirm that I am in good health and that I am not aware of any physical or emotional condition that would preclude me from safely participating in any class related activity. I understand that I should seek approval from a licensed physician if I am uncertain as to my physical fitness or I have not had a recent physical examination.

Overall Health _____ Overall Physical Condition _____

Place a check beside any item that applies to your past or present medical history and explain below.

- Asthma Joint Problems Back Problems
- Fainting Heart Problems Current Pregnancy
- Epilepsy Diabetes Lung Disease
- Seizures Frequent Headaches Other

Explanation. _____

In consideration of being allowed to participate in FIT Program classes, I,

1. Acknowledge and understand that participation in FIT program activities may involve risks, including but not limited to, serious personal injury, partial or permanent disability, sickness, disease or illness, property damage, and/or death. These risks may result from my own actions or inactions, from the actions or inactions of others, or may be inherent to participating in the Program. If the Program is an on-line activity, risks include but are not limited to, data mining, phishing, viruses, malware, data breach of on-line information, cyberbullying,

exploitation, cyber stalking, online grooming, cyber predators, and image replication. Knowing these risks may occur in an on-line Program, I choose to participate in the on-line Program. I also understand that Northern Arizona University is not an agent of and has no responsibility for any third party that may provide any services during the Program, including but not limited to, food, lodging, travel, and equipment associated with the Program. I understand that I am responsible for ensuring that I am properly prepared for all program activities, and I represent that I am in good health and am able to participate fully in all Program activities.

2. Acknowledge that Northern Arizona University has taken enhanced health and safety measures, in accordance with guidelines from the U.S. Centers for Disease Control and Prevention, in response to the COVID-19 pandemic. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. By participating in the Program, I voluntarily assume all risks related to exposure to COVID-19.

3. Grant to Northern Arizona University and to its employees, agents and assigns the right to photograph/video me and use the photograph/video and or other digital reproduction of me or other reproduction of my physical likeness for publication processes for use in connection with Northern Arizona University Programs, whether electronic, print, digital or via the Internet.

4. Understand that medical care facilities may not be immediately available, and I accept the increased risk that may pose in the event of injury.

5. Understand that Northern Arizona University does not have medical personnel available at the Program location, and I agree that any medical costs, including emergency medical treatment that may be incurred as a result of my participation in the Program will be my financial responsibility. Page 2 of 2 Revised 06-12-2020

6. Hereby consent to Northern Arizona University, any appropriate medical facility, and/or to the physician(s) listed below, providing whatever medical services they may deem necessary in the event of an emergency. I certify that I have adequate insurance and/or other means to pay for any costs and expenses related to these services and I agree to bear such costs and expenses in full.

7. Agree that I will comply with Northern Arizona University's rules, standards, and instructions for student behavior, including the Student Code of Conduct, as well as any specific standards of conduct of the Program that may be provided to me. The Student Code of Conduct can be found at: <https://nau.edu/university-policy-library/student-code-of-conduct/>. I understand that I am not permitted to consume alcohol, possess/use weapons, or illegal substances, or engage in sexual activities while participating in the Program. I agree that Northern Arizona University has the right, in its sole discretion, to enforce the standards of conduct described above, and that it may impose sanctions, up to and including expulsion from the Program or from Northern Arizona University, for violating these standards or for any behavior detrimental to or incompatible with the standards of Northern Arizona University or the Program. I understand that Northern Arizona University has the right to make changes to the format and administration of the Program.

8. Waive and release all claims against the State of Arizona, the Arizona Board of Regents, Northern Arizona University, their officers, employees, agents, and assigns that arise at a time when I am not under the direct supervision of Northern Arizona University or that are caused by my failure to remain under such supervision or to comply with rules or instructions, to the fullest extent allowed by law.

9. ACKNOWLEDGE THAT I HAVE READ THE ABOVE ACKNOWLEDGEMENT OF RISK, WAIVER, AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Signature _____ Date _____

