

**University of Kansas School of Medicine–Wichita**  
**Wellness Room**  
**Exercise Readiness Self-Assessment**

**PLEASE PRINT AND READ BOTH PAGES OF THIS DOCUMENT.**

**PLEASE DO NOT RETURN THE SELF-ASSESSMENT TO UNIVERSITY PERSONNEL.**

**The Self-Assessment is solely for your personal consideration prior to use of the Wellness Room.**

**Please consider the following questions:**

- **Are you unaccustomed to regular exercise?**
- **Have you recently been ill, hospitalized, or had surgery?**
- **Have you had cardiac surgery or coronary angioplasty?**
- **Do you have a family history of any of the following?**
  - sudden death
  - coronary disease such as premature coronary artery disease
  - abnormal blood lipids
- **When or after you exercise, do you experience any of the following?**
  - light-headedness or fainting
  - pain or pressure in your chest, neck, shoulder, or arm
  - extreme shortness of breath, even with mild exercise
- **Do you have a history of any of the following?**
  - heart attack, heart murmur, heart muscle “clicks,” unusual cardiac findings
  - rapid heartbeats or heart palpitations
  - inflammation of a vein or blood clot (phlebitis or emboli)
  - peripheral arterial disease or interference with blood supply to the legs
  - high blood pressure
  - elevated cholesterol or triglycerides (abnormal blood lipids)
  - ankle swelling
  - stroke
  - asthma, emphysema, or bronchitis (pulmonary disease)
  - bone or joint problems
  - emotional disorders
  - seizures

**If you answered "yes" to any of these questions, please confer with your physician before you start using the Wellness Room.**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information about an individual or a family member of the individual, except as specifically allowed by this law. The University has provided this Self-Assessment for your own consideration prior to your use of the Wellness Room. The University is not seeking, and requests that you not disclose, genetic information about yourself or a family member through this Self-Assessment.

**University of Kansas School of Medicine–Wichita  
Wellness Room**

**Agreement to Assume the Risk & Release from Liability**

**PLEASE SIGN AND RETURN THIS AGREEMENT  
IF YOU WISH TO ASSUME THE RISK AND RELEASE LIABILITY.**

*A signed copy of this agreement must be on file with KU School of Medicine–Wichita, Human Resources, Room #2022, before you will be permitted to access or use the Wellness Room. **WARNING:** By signing this agreement, you give up all rights you may have to recover compensation, through the courts or otherwise, for property damage, personal injury, or death arising out of use of the Wellness Room.*

I request permission to access and use the University of Kansas School of Medicine–Wichita Wellness Room (the “Wellness Room”) for physical fitness activities and the use of exercise equipment.

I understand and accept that as a result of my use of, and presence in, the Wellness Room, I may sustain severe and permanent physical or mental injury, death, property damage, financial loss, or other injuries. Dangers include, but are not limited to, acute injuries associated with exercise, such as cardiac events, stroke, and pulmonary events; musculoskeletal injuries from slips, trips, falls, or contact with other persons, including muscle or ligament tears, sprains, strains, fractures, and dislocations; and injury from impact or contact with equipment or room furnishings. I understand that the Wellness Room is unsupervised and that there are no trainers or instructors on duty. In exchange for receiving permission to access and use the Wellness Room, I voluntarily and knowingly assume all risks to my property and my self.

In exchange for receiving permission to access and use the Wellness Room, I further freely agree to the following, for myself and on behalf of my spouse, children, heirs, parents, guardians, next of kin, legal and personal representatives, executors, administrators, successors, and assigns (collectively, “I” or “my”): I hereby release, waive any claims against, and agree to hold harmless and to indemnify the following parties with respect to any liability, claims, demands, causes of action, damages, losses, or expenses (including court costs and attorneys’ fees) of any kind or nature arising out of, or in connection with, my use of, or presence in, the Wellness Room, and I covenant not to sue them: the State of Kansas, the Kansas Board of Regents, the University of Kansas, the University of Kansas School of Medicine–Wichita, any corporations or entities affiliated with the foregoing, and all employees, officers, agents, representatives, and volunteers of the foregoing (together, the “Released Parties”).

I warrant that I am at least 18 years old. I will not use or access the Wellness Room until I have considered the questions in the “Exercise Readiness Self-Assessment.” If my answers indicate that I should consult my physician before using the Wellness Room, I will do so. I understand that the “Exercise Readiness Self-Assessment” is solely for my own use and should not be provided to University personnel.

**I HAVE READ THIS AGREEMENT, AND I UNDERSTAND AND AGREE TO ALL OF ITS CONTENTS.**

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Signature

Name (Printed)

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Date