

GAO WELLNESS AND FITNESS CENTER

Hours of Operation:

Monday-Thursday

6:00am to 7:30pm

Friday

6:00am to 7:00pm

(Excluding Federal Holidays)

(202) 512-9890

fitnessc@gao.gov

Membership Fees

Note: *All new members must pay an initiation fee of \$25.00, cash or check.

**Members who choose to cancel or let their membership lapse must repay the initiation fee if they rejoin at a later time.

***Membership fees are NON-REFUNDABLE.

DESCRIPTION	COST
	Payroll Deduction
GAO Employees	\$14/pay period
	Cash or Check
Federal Employees and Contractors located in the GAO building	\$349.00 (1 year) \$206.50 (6 months)
Other Federal Employees NOT located in the GAO building	\$381.00 (1 year) \$238.00 (6 months)
Monthly Memberships	\$44.50 (per month) Not required to pay initiation fee
GAO and USACE Interns	\$44.50 (per internship) Not required to pay initiation fee
GAO and USACE Regional Staff (NOT located at HQ)	\$3.00 (per visit)
Day Fee (located at HQ)	\$10.00 (per visit)

Please make checks payable to GFAA



Membership Application

First Name: _____ Last Name: _____
Gender: Male ☐ Female ☐ Birth Date: _____
Home Phone: _____ Work Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Agency: _____ Division: _____ Office Phone: _____ Email: _____
Emergency Contact Name: _____ Relationship: _____
Emergency Contact Home Phone: _____ Work Phone: _____
Physician Name: _____ Physician Phone: _____

1. How did you hear about the fitness center?

☐ Tour ☐ Orientation ☐ Event, please specify: _____
☐ GAO Intranet ☐ Word of mouth ☐ Other, please specify: _____

2. What aspect influenced you to join the fitness center?

☐ Convenience ☐ Hours of operation ☐ Amenities/Equipment
☐ Cost ☐ Programs/Services ☐ Other, please specify: _____

3. What personal aspect(s) influenced you to join the fitness center?

☐ Weight loss ☐ Stress reduction
☐ Increase energy level ☐ Increase self confidence
☐ Social interaction ☐ Increase cardiovascular endurance, muscular strength, flexibility
☐ Decrease cardiovascular risk factors ☐ Decrease other health issues
(BP, cholesterol, inactivity, family history) (diabetes, thyroid disorder, breathing disorder, bone or joint issues)
☐ Other, please specify: _____

4. Physical activity or exercise is defined as accumulating 30 minutes or more of activity per day. Within the last 2 months, how many days a week are you physically active?

☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5+

Membership Information

Membership Type: ☐ GAO Employee ☐ USACE ☐ Student/Intern
☐ NBM Employee ☐ Federal Employee
Payment Type: ☐ Payroll Deduction ☐ Check ☐ Cash

OFFICE USE ONLY	
Date Received:	Medical Clearance Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Membership Type:	Method of Payment:
Payroll Deduction In:	Initiation Fee:
Health Consultation Date:	

Participant Name: _____ **Date:** _____ **Staff Name:** _____

*The following questions will be used to assess health status and in developing a safe and effective workout program.
Please respond yes or no to each one.*

Section 1	Section 2
<p>History - You have had:</p> <p><input type="checkbox"/> Heart Attack</p> <p><input type="checkbox"/> Heart Surgery</p> <p><input type="checkbox"/> Cardiac catheterization</p> <p><input type="checkbox"/> Coronary angioplasty (PTCA)</p> <p><input type="checkbox"/> Pacemaker, implantable cardiac defibrillator, rhythm disturbance</p> <p><input type="checkbox"/> Congenital heart disease</p> <p><input type="checkbox"/> Heart valve disease</p> <p><input type="checkbox"/> Heart failure</p> <p><input type="checkbox"/> Heart transplantation</p> <p>Symptoms - You experience:</p> <p><input type="checkbox"/> Chest discomfort with exertion or pain in the chest, neck, jaw, arm or other areas</p> <p><input type="checkbox"/> Shortness of breath at rest or with mild exertion</p> <p><input type="checkbox"/> Dizziness, fainting or blackouts</p> <p><input type="checkbox"/> Heart palpitations (irregular heart beat)</p> <p><input type="checkbox"/> Known heart murmur</p> <p><input type="checkbox"/> Ankle swelling</p> <p><input type="checkbox"/> You take heart medication</p> <p>Other Health Issues</p> <p><input type="checkbox"/> You have diabetes</p> <p><input type="checkbox"/> You are pregnant</p> <p><input type="checkbox"/> You have asthma or other lung disease</p> <p><input type="checkbox"/> You have burning or cramping sensation in your lower legs when walking short distances</p> <p><input type="checkbox"/> You have musculoskeletal injuries that limit physical activity</p> <p><input type="checkbox"/> You have personal concerns about the safety of exercise</p> <p><input type="checkbox"/> You take prescription medication(s)</p> <p>Team use only:</p> <p>Adverse effects of medication on exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe adverse effects:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Cardiovascular risk factors</p> <p><input type="checkbox"/> You are a male ≥ 45 yr</p> <p><input type="checkbox"/> You are a female ≥ 55 yr</p> <p><input type="checkbox"/> Your blood pressure is $\geq 140/90$</p> <p><input type="checkbox"/> You do not know your blood pressure</p> <p><input type="checkbox"/> You take blood pressure medication</p> <p><input type="checkbox"/> You smoke or quit smoking within the previous 6 months</p> <p><input type="checkbox"/> Your blood cholesterol level is $>200\text{mg/dL}$</p> <p><input type="checkbox"/> You do not know your cholesterol level</p> <p><input type="checkbox"/> You have a close blood relative who had a heart attack or heart surgery before the age 55(father or brother) or age 65 (mother or sister)</p> <p><input type="checkbox"/> You are physically inactive (i.e., gets <30 minutes of physical activity on <3 days per week)</p> <p><input type="checkbox"/> You have prediabetes</p> <p><input type="checkbox"/> You do not know if you have prediabetes</p> <p>Any other conditions or diseases you know which could affect exercise?</p> <p>_____</p> <p>_____</p> <p>Any physical limitations to exercise?</p> <p>_____</p> <p>_____</p> <p>_____</p> <hr/> <p>Team use only:</p> <p>Team comments regarding risk factors:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Age _____ Height _____ Weight _____</p> <p>BMI Disease Risk: _____</p> <p>Blood Pressure _____ / _____ RHR _____</p> <p>Medical Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Given: _____ Staff Initials: _____</p> <p>Reason: _____</p> <p>_____</p> <p>Date Received: _____ Staff Initials: _____</p>

Participant Signature Required:

I verify that I have answered these questions truthfully and to the best of my knowledge. If I have a change in my health status from the date it is completed, I will notify the fitness team immediately.

Participant Signature: _____

Date: _____

Corporate Fitness Works Signature: _____

Date: _____



GAO WELLNESS AND FITNESS CENTER INFORMED CONSENT FOR EXERCISE PROGRAM PARTICIPATION AND WAIVER OF CLAIMS

The GAO Fitness and Athletics Association (GFAA) has engaged Corporate Fitness Works, Inc. to manage the daily operations of the GAO Wellness and Fitness Center, provide members with professional assistance with personal exercise programs, and coordinate health education/wellness activities.

You have expressed interest in participating in exercise activities at the GAO Wellness and Fitness Center. This document will help you understand the various risks associated with such participation so that you may make an informed decision with regard to your participation.

RELEASE

As a condition to your right to use the GAO Wellness and Fitness Center, you must sign and return the attached waiver and release. Please read the form carefully, and make sure you fully understand it before signing.

OPPORTUNITIES

As a user of the GAO Wellness and Fitness Center, many exercise opportunities will be available to you. These opportunities include, but are not limited to:

- *Group exercise classes such as aerobics, cycling, mind/body, and muscle strength and conditioning
- *Use of cardiovascular training equipment such as treadmills, ellipticals, stationary bicycles
- *Use of strength training equipment

Corporate Fitness Works, Inc. staff will be available during normal operational hours to assist you in the use of any Center facilities or equipment. It is your responsibility to use the facilities and equipment safely and to request assistance in the use of any facilities or apparatus with which you are unfamiliar. Corporate Fitness Works, Inc. strongly encourages you to seek the assistance of its on-site staff in the development of an exercise program that is appropriate to your needs, desires, and abilities.

RISKS

If you elect to use the GAO Wellness and Fitness Center, or if you elect to participate in any related programs, your use and participation will be at your sole risk. You are expected and should consult with your personal physician before beginning to use the GAO Wellness and Fitness Center or participating in any related activity. In addition, if deemed advisable by your physician, you should consult with him or her throughout your participation in the program. Corporate Fitness Works, Inc. staff are trained in exercise prescription and fitness program



management, but are **not** medically trained. Although Corporate Fitness Works, Inc. staff will assist you in learning to use the exercise equipment and in developing an exercise program and may also conduct fitness assessments upon your request, you should not view their assistance, or the results of any fitness assessments, as a medical diagnosis or statement about your health or the suitability of a program for you.

Even consultation with your physician and engaging in regular exercise in no way guarantees against the possibility of adverse occurrences during exercise sessions, use of equipment, or related activities. Possible risks include, but are not limited to, transient dizziness, fainting, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or sudden death. Please contact your physician for further details.

CONFIDENTIALITY OF RECORDS

All personal information Corporate Fitness Works, Inc. staff obtains as part of your admittance into the GAO Wellness and Fitness Center will be kept strictly confidential. Unless necessary to respond to an emergency, this information will not be given to anyone, except the GAO's Wellness and Fitness Center's staff. There will be no release of personal information without your written consent.

SIGNATURE

In signing this form, you state that you have read and understand the descriptions and risks described herein. Any questions which have occurred to you have been raised and have been answered to your satisfaction. Furthermore you state that you understand that the use of the GAO Wellness and Fitness Center and related programs is completely optional, and that you may withdraw from participation at any time at your discretion.

Applicant: _____ Date: _____

Fitness Center Staff: _____ Date: _____



WAIVER AND RELEASE

In consideration of my participation in the GAO Wellness and Fitness Center and related programs, I do, for myself and my family, heirs, executors, representatives, administrators and assigns, hereby waive, release and forever discharge the GAO Wellness and Fitness Center, Corporate Fitness Works, Inc., and its respective officers, directors, employees and agents, from and against any and all present and future claims, liabilities and causes of action, whether foreseeable or unforeseeable, which may at any time arise out of or relate in any manner, directly or indirectly, to my use of said fitness/wellness center or participation in any services or programs related thereto.

This Waiver and Release shall include, but not be limited to a release of all claims, liabilities and causes of action which may arise at any time in connection with any personal or other injury to me or others, or death, caused by or related to my use of said fitness/wellness center or participation in any services or programs related thereto. If any part of this document is deemed void, it will have no effect on the validity of the other provisions of this document.

I hereby affirm that I have read this Waiver and Release of Liability and that I fully understand its contents. I am voluntarily signing this waiver, giving up legal rights and/or remedies which may be available for me for the ordinary negligence of Corporate Fitness Works, Inc. or any of the parties listed above.

Print Name: _____

Signature: _____ Date: _____

Staff: _____ Date: _____

GAO WELLNESS AND FITNESS CENTER RULES AND REGULATIONS

Rules and regulations for use of the GAO Wellness and Fitness Center are established and enforced by the Board of Directors of the GAO Fitness and Athletics Association (GFAA). The power to enforce these rules and regulations extends to the Center staff. Each member is required to comply with the following rules and regulations. This signed copy of the rules and regulations will become part of your Wellness and Fitness Center file.

ELIGIBILITY

All federal employees or long term contractors with GAO are eligible to become members of the GAO Wellness and Fitness Center.

USAGE

GAO employees may use the Wellness and Fitness Center on their own time within the Fitness Center hours of operation. If needed, members are responsible for obtaining prior supervisory approval of any required leave or compensatory adjustment in their work hours before using the Wellness and Fitness Center during what would otherwise be regular work hours. Supervisors are encouraged to take into account the importance of the health and fitness of GAO employees.

MEMBERSHIP CHECK IN PROCEDURE

All members are required to scan their membership card at the front desk as they enter the Center.

EXERCISE EQUIPMENT

Members shall use the equipment in accordance with verbal and written instructions provided by the manufacturer and the Wellness and Fitness Center staff. Exercises will be performed in a slow, controlled manner, without slamming weight stacks or dropping dumbbells. Dumbbells and plates should be returned to their proper location after use. Cardiovascular equipment usage is limited to 30 minutes while others are waiting. Members should avoid cell phone conversations while using equipment for safety reasons. Equipment malfunctions should be reported to the Wellness and Fitness Center staff immediately. Members should wipe perspiration off of the equipment immediately after use.

EXERCISE FLOOR/CLASSES

The Wellness and Fitness Center staff establishes class schedules in conjunction with the GFAA. Scheduled classes have priority use of the exercise floor. The number of participants for classes will be limited for specialty classes. If class sizes grow to exceed design specifications of aerobics room, the number of participants will be limited. LeMond cycles are not to be used at any time other than class time.

ATTIRE

While using the Wellness and Fitness Center individuals should wear appropriate exercise clothing (i.e. shorts, tank tops, T-shirts, warm-up suits, tights or leotards) while using the Center. Shirts and appropriate athletic footwear **must** be worn at all times.

CONDUCT

Members are required to remain respectful of the rights of others and to maintain appropriate conduct while in the Wellness and Fitness Center. This includes avoiding conversations and remarks that are disrespectful to one's race, color, religion, sex, national origin, age, disability or sexual orientation. Members should also be courteous to others by avoiding cell phone conversations on the fitness center floor and in the locker rooms.

FOOD AND BEVERAGES/SMOKING

No food or beverage will be consumed either in the locker rooms or exercise rooms except during special events sponsored by the Wellness and Fitness Center. Water bottles are permitted. Smoking is prohibited within the confines of the Wellness and Fitness Center.

LOCKERS

Lockers are available for use during each exercise session. Individuals are responsible for providing their own lock to secure personal belongings. The Wellness and Fitness Center staff are not responsible for items lost, stolen, or damaged while stored in lockers. Personal belongings are to be left in lockers and locks can be left on lockers **ONLY** while you are exercising. Items left in lockers at other times will be removed unless you are renting a locker.

A limited number of lockers are available for rent.

SHOWERS

Members are responsible for providing their own toiletries and towels. Showers are to be kept to reasonable length of time and personal items are to be removed from the shower stalls after use.

MUSIC

Members may request a particular radio station or the playing of CDs at any time. If a second request is made within 30 minutes of a request, the first request will be played for 30 minutes and then the second request will be honored.

Exceptions to this policy may occur, such as when a request is made during prime time exercise hours. Also, other activities may take precedence over changing the radio station, for example, when staff is in a fitness assessment or one-on-one appointment with a member. The staff will be happy to respond to the request at the conclusion of the appointment but we do ask for member's patience and consideration.

Personal music devices used in the exercise room are permitted only if used with earphones.

Stereo system in the group exercise room is for class use only.

CANCELLATION

All members wishing to cancel membership of the Wellness and Fitness Center must fill out a cancellation form, which is available from the staff.

SUSPENDED MEMBERSHIP

All members wishing to suspend their membership of the Wellness and Fitness Center must fill out a suspension form, which is available from the staff.

REINSTATEMENT

Former members who wish to rejoin the Wellness and Fitness Center must pay an initiation fee.

RETURNED CHECK FEE

The bank's processing fee for a returned check will be charged to any member whose check does not clear.

CLEANLINESS

Members should show consideration for others by washing their gym clothes regularly and picking up after themselves in both the locker room and the main gym area.

GROUND FOR REVOKING OR SUSPENDING MEMBERSHIP

Violation of any rule or regulation set by the Wellness and Fitness Center in conjunction with GFAA is grounds for either suspension or revocation of membership.

By my signature below I acknowledge that:

I have read the above rules and regulations pertaining to my participation in the Wellness and Fitness Center. I agree to comply with these rules and regulations, and I understand that my Wellness and Fitness Center membership privileges may be suspended or revoked for non-compliance.

I have had an opportunity to ask questions concerning all of the provisions contained in these Rules and Regulations and fully understand them.

Signature: _____ Date: _____