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The Citadel Deaf  
Members Association

Release of Liability

I, the undersigned, hereby release, defend, hold harmless, and agree to indemnify and hold The Citadel and its officers, directors, employees, agents, and volunteers harmless from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, that may be asserted against or incurred by The Citadel or any of its officers, directors, employees, agents, or volunteers in connection with or arising out of my participation in the activities of The Citadel Deaf Members Association, including but not limited to the activities described in the attached agenda.

I understand that my participation in the activities of The Citadel Deaf Members Association is voluntary and that I am not an employee of The Citadel or its officers, directors, employees, agents, or volunteers.

I understand that my participation in the activities of The Citadel Deaf Members Association is not intended to create a contract or any other legal relationship between me and The Citadel or its officers, directors, employees, agents, or volunteers. I understand that my participation in the activities of The Citadel Deaf Members Association is not intended to create a partnership, joint venture, or any other legal relationship between me and The Citadel or its officers, directors, employees, agents, or volunteers. I understand that my participation in the activities of The Citadel Deaf Members Association is not intended to create a fiduciary relationship between me and The Citadel or its officers, directors, employees, agents, or volunteers.

**PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING IT. THIS DOCUMENT RELEASES THE CITADEL FROM ANY LIABILITY RESULTING FROM ANY PARTICIPATION IN THE ABOVE ACTIVITIES.**

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

The Center for Deas Hall  
Member Identification Card Application

**Personal Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**Electoral Information**

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

Are you a member of any other organizations? \_\_\_\_\_

**Other Information**

Account Type: \_\_\_\_\_ (e.g., Faculty, Alumni, Community)      Lockers are free. Deas Hall is not responsible for lost or stolen items.

**Faculty/Staff Information**

Faculty     Adjunct     Retiree     Other: \_\_\_\_\_

Department: \_\_\_\_\_      Title: \_\_\_\_\_

Address: \_\_\_\_\_      City: \_\_\_\_\_

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see [csep.ca/certifications](http://csep.ca/certifications)) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.



NO

## ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)?  DAYS/WEEK
- 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity?  MINUTES/DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day:  MINUTES/WEEK

Canadian Physical Activity Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see [csep.ca/guidelines](http://csep.ca/guidelines)).



Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do vigorous-intensity physical activity (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.



## DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.  
If my health changes, I will complete this questionnaire again.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (+ Name of Parent/Guardian if applicable) [Please print]	Signature (or Signature of Parent/Guardian if applicable)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Email (optional)	Telephone (optional)