



University Recreation

InBody Registration Form

Participant Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Gender Identification	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth	Phone Number	E-mail Address	

Emergency Contact

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Phone Number	Relationship

Medical History

Have you or an immediate family member now or in the past experienced? **

You	Family		You	Family		You	Family	
<input type="checkbox"/>	<input type="checkbox"/>	Chest pain while exercising	<input type="checkbox"/>	<input type="checkbox"/>	Tendonitis	<input type="checkbox"/>	<input type="checkbox"/>	Currently pregnant/postpartum
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure (>140/190)	<input type="checkbox"/>	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	<input type="checkbox"/>	Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	Muscle Injury	<input type="checkbox"/>	<input type="checkbox"/>	Depression
<input type="checkbox"/>	<input type="checkbox"/>	Bursitis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Joint Injury	<input type="checkbox"/>	<input type="checkbox"/>	Low back pain
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness/Loss of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	High Cholesterol (total > 200)
<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	Smoking	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition relation disorder

If you have checked any boxes, please explain:

Please list any medications that you are currently taking:

LSU University Recreation Participant Agreement

I understand and agree that there is a risk of serious injury to me while utilizing University Recreation facilities, equipment, and programs and recognize every activity has a certain degree of risk, some more than others. By participating, I know and voluntarily assume any and all risk of injuries, regardless of severity, which from time to time may occur as a result of my participation in athletic and other activities through LSU University Recreation.

I hereby certify I have adequate health insurance to cover any injury or damage that I may suffer while participating, or alternatively, agree to bear all cost associated with any such injury or damages myself. I further certify that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of LSU University Recreation. I understand and agree that I alone am responsible to determine whether I am physically and mentally fit to participate, perform, or utilize the activities, programs, equipment or facilities available at Louisiana State University, and that I am not relying on any advice from LSU University Recreation in this regard. To the extent I have any questions or need any information about my physical or mental condition or limitations, I agree to seek professional advice from a qualified physician.

Further, I hereby release and hold harmless the State of Louisiana, the Board of Supervisors of Louisiana State University and Agricultural & Mechanical College, and its respective members, officers, employees, student workers, student interns, volunteers, agents, representatives, institutions, and/or department from any and all liability, claims, damages, costs, expenses, personal injuries illnesses death or loss of personal property resulting, in whole or in part, from m participation in, or use of, an facility, equipment and/or programs of Louisiana State University.

Printed Name of Participant

Signature of Participant

Printed Name of Parent/ Legal Guardian
(If under 18)

Signature of Parent/ Legal Guardian
(If under 18)

Date

InBody Information

For your fitness assessment, you will want to wear comfortable clothing and athletic shoes. You will not have to remove any clothing with the body comp assessment, but it may be best to wear a shirt with access to your triceps and your waistline as well as shorts for access to your thigh. For the most accurate results for the assessment, please follow the guidelines below:

- Do not over or under-eat within 4 hours of testing
- Do not exercise on the day of your assessment
- Do not consume alcohol, tobacco, or caffeine within 4 hours or longer if possible on the day of your assessment.

Testing is not recommended for individuals who may be pregnant or who utilize a pacemaker. You may also review the following [InBody Test Preparation Video](#) for additional information. Limit Jewelry as it may interfere with the conductivity of the INBODY Assessment.