

# Faith Fitness PAR-Q Form

## Participant Data (Please Print)

Name _____	_____	_____	Today's Date _____
First	Last	M.I.	
Date Of Birth _____	Gender: (circle one) M F		

## Current Address

Street _____	
Apt.# _____ Email ID _____	
City/State/Zip _____	
Home Phone # (____)-____-____	Work Phone # (____)-____-____

## Emergency Information

Emergency Contact Person	
Name _____	Phone # (____)-____-____
Physician's Name _____	Phone # (____)-____-____

# Physical Activity Readiness Questionnaire (PAR-Q)

Name of participant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## PAR-Q & You

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense **is** your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question if it applies to you.

**\*\*If you check YES to any of these questions you will be required to have your physician complete a physician's clearance form.\*\***

**Yes    No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said you have heart trouble?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you frequently have pains in your heart and chest?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you often feel faint or have spells of severe dizziness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Has a doctor ever said your blood pressure was too high?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you over age 65 and not accustomed to vigorous exercise?   |

If you answered,

**Yes** to one or more questions



If you have not recently done so, consult with your personal physician by telephone or in person before increasing your physical activity and/or taking a fitness appraisal. Tell your physician what questions you answered "yes" to on the PAR-Q or present your PAR-Q copy.



After medical evaluation, seek advice from your physician as to your suitable for

- unrestricted physical activity starting off easily and progressing gradually, and
- Restricted or supervised activity to meet you specific needs, at least on initial basis. Check in community for special program or services

**No** to all questions

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for

- a graduated exercise program- a gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort-and
- a fitness appraisal-the Canadian Standardize Test of Fitness (CSTF)



**Postpone**  
If you have a temporary minor illness, such as a common cold.

# Faith Fitness

## Agreement and Release of Liability

1. In consideration of gaining membership or being allowed to participate in the activities and programs of The Faith Fitness Program and equipment, I do hereby for myself, my heirs, executors, administrators and assign, waive, release, and forever discharge Faith Fitness and its officers, agents, instructors, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Faith Fitness or the use of any equipment with Faith Fitness. (Please initial \_\_\_\_\_ )

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk up to and including death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury and/or death. (Please initial \_\_\_\_\_ )

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of Faith Fitness or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (Please initial \_\_\_\_\_ )

4. I absolve, indemnify, defend and hold harmless Faith Fitness from any breach of these representations. (Please initial \_\_\_\_\_ )

5. I hereby consent to and permit emergency treatment in the event of illness or injury while participating in the activities and programs of Faith Fitness. (Please initial \_\_\_\_\_ )

I have read and understand the above provisions and agree to be bound by them, as indicated by my signature below.

Signature \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## Participant Policies

The following policies are to be understood and followed by EVERYONE that participates in Faith Fitness:

Before participating in Faith Fitness activities, all participants must complete the PAR-Q.

No food or drinks other than water in a closed container are permitted in the Faith Fitness workout areas.

Participants are expected to be courteous of each other and instructors. Courteous behavior includes, but is not limited to appropriate language and gestures.

Appropriate exercise clothing and shoes are required for participating in Faith Fitness activities. Shirts are to be worn at all times. Inappropriate clothing includes, but is not limited to sandals, flip-flops, jeans, suggestive clothing and clothing with offensive language and/or graphics. To protect the floor in the "Aerobics" Room, only appropriate athletic shoes are permitted. High heels, dress shoes, and other hard-soled footwear or shoes leaving black marks are not permitted.

Abuse of the equipment will not be tolerated.

By signing this document, I acknowledge the fact that these policies have been presented and explained to me and I agree to abide by them. I have also been informed that my privileges to use the Sports Center facilities may be suspended and/or terminated for violation of the stated policies.

Participant signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Date \_\_\_\_\_