



CONSENT TO EXERCISE

NAME: _____

AGE: _____

I, _____ volunteer to participate in a program of progressive physical exercise. I waive any possibility of personal damage or injury to self for present and future use of ActiveVitality classes/trainings and accept responsibility for requesting such exercise and assistance. The possibility of certain unusual changes during exercise does exist. This includes but not limited to are: abnormal blood pressure, fainting, disorders of heartbeat, and very rare instances of heart attack or death. I hereby acknowledge and accept these risks. To my knowledge I have no limiting physical condition or disability which would preclude an exercise program.

Signature _____

Date _____

If a participant refuses to obtain a physician's permission, he/she must sign the following statement.

All participants prior to being involved in the exercise program should obtain a physician's examination. I, _____, have been informed of the need for a physician's approval for participation in a progressive exercise-fitness program.

I fully understand the strenuous nature of the program. I, _____, accept complete responsibility for my own health and well-being in the voluntary exercise-fitness program and understand that no responsibility is assumed by ActiveVitality or staff.

Signature _____

Date _____

THE PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of the 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 questions.

Please read them carefully and circle the YES or NO for each question as it applies to you.

1. Has your doctor ever said that you have heart trouble? YES NO
2. Do you frequently have pains in your heart or chest? YES NO
3. Do you often feel faint or have spells of severe dizziness? YES NO
4. Has your doctor ever said that your blood pressure was too high? . . . YES NO
5. Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise, or might be made worse with exercise? YES NO
6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to? YES NO
7. Are you over the age of 65 and not accustomed to vigorous exercise? YES NO

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 test. Tell him or her what questions you answered YES. After a medical evaluation, seek advice from your physician as to your suitability for: -Unrestricted physical activity, probably on a gradually increasing basis or -Restricted and supervised activity to meet your specific needs, at least on an initial basis.

If you answered NO to all questions:

If you answered the questions on the 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. -AN EXERCISE TEST – Simple tests of fitness may be undertaken if you desire.

PAR-Q Acknowledgement:

Name _____ (PRINTED)

Signature _____ Date _____

HEALTH HISTORY FORM

Name _____ Date _____

Address _____

Cell #: _____

Person to contact in case of emergency: _____ # _____

DOB: _____ HT: _____ WT: _____

Are you currently taking any medications? Yes No

If so, please list medications, dose and reason: _____

Does your physician know you are participating in this exercise program? Yes No

Describe any physical activity you do somewhat regularly: _____

MEDICAL HISTORY

Any history of heart problems, chest pains or stroke? Yes No

Increased blood pressure? Yes No

Any chronic illness or condition? Yes No

Difficulty with physical exercise? Yes No

Advise from physician NOT to exercise? Yes No

Recent surgery (last 12 months)? Yes No

History of breathing or lung problems (asthma)? Yes No

Muscle, joint, or back disorder? Yes No

Diabetes or thyroid condition? Yes No

Smoking Habit? Yes No

Previous injury still affecting you? Yes No

Obesity (more that 20% over ideal body weight)? Yes No

Increased blood cholesterol? Yes No

Hernia, or any condition that may be aggravated by lifting weights? Yes No

History of heart problems in immediate family? Yes No

Please explain any "Yes" answers: _____

I, _____ do hereby agree that all of the information regarding my medical history is correct to my knowledge.