

Fitness Class you are registered in: _____

Name: _____ D.O.B. _____ Telephone: _____

Address: _____

Physician's Name: _____ Telephone: _____

In case of emergency, contact: _____ Telephone: _____

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

If you answer "YES" to any of the first 3 questions (below), please take a PAR-medX Form to your doctor, have it filled out & signed and advise them of the activities you are participating in.

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|--|-----|----|
| 1. Has your doctor ever indicated that you have heart trouble? | YES | NO |
| 2. Do you frequently suffer from pains in your heart or chest or have chest pains brought on by physical activity? | YES | NO |
| 3. Has a doctor ever said your blood pressure was too high? | YES | NO |
| 4. Are you presently taking any medication? If yes, please indicate what medication you are currently taking _____ | YES | NO |
| 5. Are you presently suffering from a cold, flu or common ailments? | YES | NO |
| 6. Have you been diagnosed with osteoporosis? If yes, where is the osteoporosis? _____ | YES | NO |
| 7. Do you have any other bone or joint problems that could be aggravated by the activities in a fitness class? If yes, indicate type of condition. _____ | YES | NO |
| 8. Do you become breathless after walking up a flight of stairs? | YES | NO |
| 9. Do you have diabetes? If yes, are you taking insulin? _____ | YES | NO |
| 10. Is there a reason not mentioned here why you should not follow an activity program if you wanted to? Please specify _____ | YES | NO |
| 11. Are there any other medical conditions that the instructor should be aware of? If yes, please indicate _____ | YES | NO |

**Reference: Par-q Validation Report, British Columbia Ministry of Health, 1978 (Modified version)

WAIVER FORM

I release and discharge the Township of Centre Wellington, Township of Centre Wellington Parks and Recreation and their staff for any claim, injuries, losses or liabilities suffered or incurred as a result of my participation in any fitness classes held at Victoria Park Seniors Centre.

Participant's name

Participant's signature

Date