

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTIONS OF RISK AND INDEMINITY AGREEMENT

- 1. I have completed the Par-Q health screening form and have truthfully answered all questions to the best of my ability. I am aware that participation could, in some circumstances, result in physical injury and have discussed my participation, where applicable, with my physician. INITIAL HERE _____
- 2. In consideration of the acceptance of participation in the strength and conditioning program offered by CrossFit Winnipeg Inc., for myself, my heirs, executors, administrators and assigns, waive any claims to which I may become entitled for injury or damage and waive any and all claims that I have or may have in the future against CrossFit Winnipeg Inc. and its directors, officers, employees, agents and representatives. INITIAL HERE _____
- 3. I do also hereby release CrossFit Winnipeg, Inc. from any and all liability for any loss, damage, injury or expense that I may suffer as a result of participating in the exercise programs offered by CrossFit Winnipeg Inc. due to any cause whatsoever. This waiver and release of liability includes, but is not limited to slips and falls, equipment malfunction, negligence, breach of contract or breach of any statutory or other duty of care owed under the occupiers liability act on the part of CrossFit Winnipeg Inc. INITIAL HERE _____
- 4. I understand that CrossFit Winnipeg, Inc., its associates or other entities may be taking pictures or videos during CrossFit Winnipeg activities. I hereby grant my permission for CrossFit Winnipeg, Inc. to use these pictures or videos for display in the gym, on the web site, in CrossFit Winnipeg, Inc. materials, and for advertising, without any further permission required. I also understand that I will receive no compensation either monetary or otherwise for the use of any of these pictures or videos. INITIAL HERE _____

I HAVE READ THIS AGREEMENT AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST CROSSFIT WINNIPEG INC.

Participant Signature _____ Date _____

If participant is under the age of 18:
Signature of Parent/Guardian _____ Date _____

Parent/Guardian Name _____ (please print)

CONTACT INFORMATION

Name: _____ Date of Birth: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail: _____

Home Address: _____ Postal code: _____

How did you hear about us? _____

In case of emergency please contact:

Name: _____ (please print)

Relationship: _____

Home Phone: _____ Work/Cell Phone: _____