

## PAR-Q+

(The physical activity readiness questionnaire for everyone)

Question	Yes	No
1. Has your doctor ever said that you have a heart condition <b>OR</b> high blood pressure?		
2. Do you feel pain in your chest at rest, during your daily activities of living, <b>OR</b> when you do physical activity?		
3. Do you lose balance because of dizziness <b>OR</b> have you lost consciousness [fainted] in the last 12 months?		
4. Have you ever been diagnosed with another chronic medical condition e.g. diabetes, cancer (other than heart disease or high blood pressure)?		
5. Are you currently taking medication prescribed for a chronic medical condition?		
6. Do you have a bone or joint problem that could be made worse by becoming more physically active? (if you had a joint problem in the past e.g. knee, ankle, shoulder, <u>but it does not limit your current ability to be physically active</u> , please answer NO to this question).		
7. Has your doctor (or health provider e.g. N.P.) ever said that you should only do medically supervised physical activity?		

**If your answer is YES to any of the questions, please talk to your health care provider BEFORE becoming more physically active.**

I have read and understood the above health questions and direction regarding my participation in the Get W.I.T.H. It! program. **INITIALS: \_\_\_\_\_**

## WAIVER

(Please read carefully)

<b>Name:</b>	<b>Address:</b>
<b>Telephone:</b>	<b>Email:</b>
<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/>	<b>Age:</b>
<p>I _____ (participant or Parent/Guardian of _____) hereby agree that the '<b>Get W.I.T.H. It</b>' Community Program, and its organizers/partners/sponsors are not liable for any loss, damage or personal injury that I may suffer as a result of my participation in the '<b>Get W.I.T.H. It</b>' community walking program.</p>	
<b>Participant's Signature:</b>	<b>Parent/Guardian Signature:</b> (if under 18yrs)