

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 a change in your activity level, or have had a change in your health status start by answering the questions 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 and not regularly physically active you should check with your doctor before beginning any exercise program.

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

****If you answered yes to one or more questions you may need to speak with your doctor before beginning a new exercise program. ****

If you answered no to all PAR Q questions honestly, you can be reasonably sure that you can begin a physical exercise program gradually and with the guidance of a fitness professional. It is also recommended that you have your blood pressure evaluated. If your reading is over 144/94, you may be asked for your doctor's permission to take part in a physical activity program.

INFORMED CONSENT FORM

Thank you for choosing to use the facilities, services or programs of the City of Kawartha Lakes Parks, Recreation and Culture Division. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following INFORMED CONSENT AGREEMENT.

I, for myself, executors, administrators, successors and assigns, HEREBY RELEASE AND FOREVER DISCHARGE the City of Kawartha Lakes Parks, Recreation and Culture Division, The Corporation of the City of Kawartha Lakes, their respective officers, directors, agents, representatives, elected and appointed officials, successors and assigns OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect to death, injury, loss or damage to my person or property. HOWSOEVER CAUSED, arising or to arise by reason of participation in any programs, services or activities, AND NOT WITHSTANDING that same may have been contributed or to occasioned by the negligence of any of the foresaid.

I declare that I intend to use some or all of the activities, facilities, programs and services offered by the City of Kawartha Lakes, Parks, Recreation and Culture Division and I understand that each person (myself included), has a different capacity for participating in such activities, facilities, programs and services. I am aware that all activities, services and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility during and after my participation for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I further understand that the activities, programs and services offered by the City of Kawartha Lakes Parks, Recreation and Culture Division are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and herein employed to provide such professional services.

In addition, I acknowledge that I have inquired about the nature of any activity, program or services that I am not completely familiar with and I have been informed of any inherent risks.

I FURTHER HEREBY UNDERTAKE to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in any programs, services or activities. By signing this form I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED to the above WAIVER, RELEASE and INDEMNITY. I warrant that I am physically fit to participate in the event.

I declare that I have read, understood and agree to the contents of this INFORMED CONSENT AGREEMENT in its entirety.

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

NAME: _____ DATE: _____

SIGNATURE: _____ WITNESS: _____

(PARENT OR GUARDIAN MUST SIGN FOR PARTICIPANTS UNDER THE AGE OF MAJORITY)