

Waiver of Liability for Participation in Active Living Boot Camp

I agree and consent to the following:

- I am voluntarily participating in the Active Living Boot Camp conducted by Really Living Seventh-day Adventist Church at the Calvin Christian School gymnasium.
- I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.
- I agree to assume full responsibility for any risks, injuries or damage known or unknown which I might incur as a result of participating in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.
- I knowingly, voluntarily and expressly waive any claim I may have against the Active Living Boot Camp organizers (including its hired personal trainer), Really Living Seventh-day Adventist Church, or their overseeing body, the Ontario Conference of Seventh-day Adventists, for injury or damages that I may sustain as a result of participating in the program.
- I, my heirs or representatives forever release, waive, discharge and covenant not to sue any of the above named for any injury or death caused by their negligence or other acts.
- I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Participant's Name (please print): _____

Participant's Signature

Date of Signature

PAR-Q & YOU

PLEASE NOTE: To participate in our program you must be 16 or older.

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 _____
or GUARDIAN (for participants under the age of majority)

WITNESS _____

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.

PLEASE NOTE:

Completion of this page is only required if you wish to participate in the Active Living Boot Camp in spite of answering "YES" to one or more of the health risks indicated on your Physical Activity Readiness Questionnaire (PAR-Q).

If you answered "NO" to all questions on the PAR-Q, you and your physician do not need to complete this form.

PHYSICIAN'S RECOMMENDATION on PHYSICAL ACTIVITY

Patient/Participant to Complete:

First Name	Last Name	Date of Birth
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Patient Consent:

I hereby consent to and authorize my physician to release to Active Living Boot Camp health information concerning my ability to participate in an exercise program. I understand this consent is revocable except to the extent action has already been taken. Authorization is not valid beyond 6 months from date of signature. Further disclosure or release of my health information is prohibited without specific written consent of person to whom it pertains.

Patient's Signature	Date of Signature
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Physician to Complete:

Your above-named patient wishes to take part in an 8-week exercise program. The exercise program may include progressive resistance training, flexibility exercises, and cardiovascular training, increasing in duration and intensity over time. The fitness assessment which typically includes a sub-maximal cardiovascular fitness test and measurements of body composition, flexibility, and muscular strength and endurance will NOT be performed for the purpose of this program.

After completing a readiness questionnaire and reviewing his/her medical condition(s) the program organizers have agreed to seek your advice in setting limitations to the patient's program. By completing this form, you are not assuming any responsibility for our exercise program. Please identify any recommendations or restrictions for your patient's fitness program below.

Please circle one and expound, if necessary

1 - I am not aware of any contraindications toward participation in the described fitness program.

2 - I believe the applicant can participate, but urge caution because:

3 - The applicant should not engage in the following activities:

4 - I recommend the applicant not participate in the above fitness program.

Physician's Name	Physician's Phone Number
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Physician's Address

Physician's Signature	Date of Signature
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