

PAR-Q (PHYSICAL ACTIVITIES READINESS QUESTIONNAIRE)

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 with honesty.

Check Yes or No.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and 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 that could be made worse by a change in physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is there a 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 any other reason 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 and BEFORE you have an assessment. 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 your activity level gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the types of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

IF YOU ANSWERED "NO" HONESTLY TO ALL QUESTIONS...

You can be reasonably sure that you can:

- Start becoming more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness assessment – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming more active...

- If you are not feeling well because of a temporary illness such as a cold or 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.

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

Name (please print)

Signature (if 18, legal guardian)

Date

WELLNESS SERVICES CONTRACT

I, _____, have enrolled to participate in University of Cincinnati Campus Recreation Wellness Services and/or Programs.

Please initial in the box at the left to indicate you understand each statement. I fully understand that:

_____ The below forms must be completed in full and signed prior to beginning sessions. It is my responsibility to notify my CRC staff member of any change in my health status.
CRC Release of Liability and Consent
Health History Questionnaire
Medical Consultation (if applicable)

_____ Once a CRC staff member is identified for my needs, I am responsible for scheduling my session(s).

_____ I should be dressed and ready to begin at the scheduled start time. Session will end at the scheduled end time regardless of start time.

_____ (Individual Pkg.) If I am unable to make the scheduled session due to illness, emergency, travel or any other circumstance, it is my responsibility to notify my CRC staff member 24 hours in advance and reschedule my appointment.

_____ I will be charged in full for a session if less than 24-hour notification is given.

_____ Payment can be made by cash, credit/debit card, Bearcat Card or check made payable to the University of Cincinnati.

_____ Payment must be made prior to scheduled session.

_____ Payment is non-refundable.

_____ All sessions expire six (6) months from the purchase date and are non-transferrable.

_____ (Group Training) If either party is unable to make the scheduled session due to illness, emergency, travel or any other circumstance, it is our responsibility to notify our personal trainer 24 hours in advance and reschedule the appointment. Or, the session may still be delivered to one person at the Small Group rate; however, clients absent from this session will forfeit the session.

_____ I will notify my CRC staff member of any medications or health conditions that may affect my ability to perform physical activity or worsen by becoming physically active.

I have read the above and agree to abide by University of Cincinnati Campus Recreation policies and procedures presented in this contract.

Client Signature

Date

CRC Staff Signature

Date

RELEASE OF LIABILITY

University of Cincinnati Campus Recreation Center RELEASE OF LIABILITY AND CONSENT — Wellness Services

- In consideration of the opportunity to receive and participate in University of Cincinnati Campus Recreation (“CRC’s”) Fitness/Wellness programs, I hereby assume all risks of injury, illness, death or other loss arising from or in any way relating to my participation in such programs and receipt of related services.
- I hereby release, agree not to sue, and forever discharge University of Cincinnati and CRC and their respective Affiliates* (as defined below) of and from any and all manner of claims, demands, actions, causes of action, liability, damages, claims for punitive or liquidated damages, claims for attorney’s fees, costs and disbursements, individual or class action claims, and demands of any kind whatsoever, I have or might have against them or any of them, whether known or unknown, in law or equity, contract or tort, arising out of or in any way relating to my participation in CRC programs, use of Campus Recreation and loss of personal property, however originating or existing. This release shall be binding upon my heirs, personal representatives, administrators, executors, and assigns.
- I understand that this release includes, without limitation, all injuries which may occur as a result of the following: (a) my use of CRC’s amenities and equipment in CRC facilities, my receipt of instruction and other services from CRC (including, without limitation, massage therapy services) or my participation in any activity, class, program, training or instruction; (b) the malfunctioning of any equipment; (c) CRC’s training, supervision, or dietary recommendations; and (d) my slipping and/or falling while in or on CRC’s premises, including adjacent sidewalks and parking areas.
- I further understand that any recommendations regarding exercise or diet (including, without limitation, the use of supplements) are entirely my responsibility and that I should consult a physician prior to undergoing any changes in exercise or diet. I understand that training programs (including related fitness assessments) and massage therapy sessions are not intended to replace any medical screening I may need, and the CRC, nor any of their respective Affiliates, will determine whether an exercise program or dietary change are medically appropriate for me. I understand it is my responsibility to consult with my physician regarding these matters.
- I further understand CRC staff will question me about my health status, and I agree to complete a health history questionnaire. I certify the information I provide to CRC staff about my health and exercise history and current health status will be, to the best of my knowledge, complete and accurate, and I agree and understand it is my responsibility to inform CRC staff in the event of any change in my health or medical status. CRC shall treat information regarding my personal health and medical status as confidential. CRC shall not release such information without my written consent, except : to authorized CRC and employees, agents, successors, and assigned contractors who we use to support our business; in connection with any programs sponsored by my employer in which I participate; in connection with the sale, assignment, or other transfer of the business which the information relates; when applicable by laws, court orders or government regulations require us to do so; and to health care personnel for treatment purposes (including, for example, emergency assistance personnel). I understand that CRC may use or disclose to others information regarding my health for statistical analysis or other research purposes, provided that my name and other personally identifiable information will be removed from the information prior to such uses and disclosures.
- I fully understand that I have enrolled in a program that may include strenuous physical activity including but not limited to muscular flexibility enhancement, aerobic exercise, and resistance training through the use of various facilities and exercise equipment. I understand there are possibilities of injury or other complications, including but not limited to musculoskeletal injuries, cardiovascular trauma, neurological impairment, heart attack and even death, which may occur during fitness assessment, while completing an exercise program, while otherwise using CENTER facilities, or while participating in any health and fitness program activities.
- I understand it is my responsibility to consult with my physician regarding my training program participation and realize it is generally recommended that all adults consult with a physician before starting a physical activity program. I understand that my CRC staff member may, based on a review of my application and health history form, require that I consult with and obtain recommendations from a physician before participating in the first session. I understand I may obtain from my CRC staff member a “Medical Consultation” form on which my physician’s recommendations can be documented and will be submitted to my CRC staff member before my first session. I acknowledge and agree that if I do not accurately and completely communicate my physician’s recommendations to my personal trainer, I take full and entire responsibility for that decision and for any outcomes related to that decision.
- I understand use of the CRC and participation in a fitness assessment, health and fitness program activities is strictly voluntary, is not required of employees of participating companies, and I may discontinue my participation at any time. I further understand CRC may revoke my privileges to use CRC or otherwise participate in assessment or other programs at any time, in its sole discretion. I agree to be bound by and obey all the rules and policies of the CRC and CRC staff in my use of the CRC and in my participation in the health and fitness program activities.
- I understand at any time I may review this Release of Liability and Consent by requesting a copy from CRC staff. I agree if any portion of this form is held invalid, the remainder of this form will continue in full legal force and effect.
- I have carefully read this Release of Liability and Consent and fully understand its terms. I sign it voluntarily with full knowledge of its legal significance and understand that I have the right to have my attorney review it.

Signature (if under 18, legal guardian)

Date

Print Name

Date

**“Affiliates” means any branch, division, or subsidiary of CRC, or CRC’s present and former officers, directors, shareholders, trustees, employees, agents, representatives, contractors, and the successors and assigns of each, whether in their individual or official capacities.*