

Delay the Disease Physical Activity Readiness Questionnaire (PAR-Q)

PLEASE PRINT

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work _____

E-mail Address: _____ Date of Birth: _____

Emergency Contact Name _____ Phone: _____

If you are planning to participate in our exercise program, please answer the seven questions below. If you are between the ages of 15 and 69, this PAR-Q may indicate if you should check with your doctor before exercising. If you are over 69, and you are not used to being very active, check with your doctor, regardless.

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

YES NO

{ } { } 1. Has your doctor ever said that you have a heart condition *and* that you should only do physical activity recommended by a doctor?

{ } { } 2. Do you feel pain in your chest when you do physical activity?

{ } { } 3. In the past month, have you had chest pain when you were not doing physical activity?

{ } { } 4. Do you ever get lightheaded and lose consciousness?

{ } { } 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

{ } { } 6. Is your doctor currently prescribing any drugs (e.g., water pills) for your blood pressure or heart condition?

{ } { } 7. Do you know of *any other reason* why you should not do physical activity?

If you answered "YES" to any of these questions, please consult with your physician before joining us.

Please submit completed forms to Cheryl Welsh, Kendal at Ithaca, N. Triphammer Rd., Ithaca, NY 14850;

or by fax to 607-257-0794; or by email to cwelsh@kai.kendal.org. Thank you.

If you have answered YES to any of the preceding questions:

Although I have answered yes to one or more questions on the PAR-Q and have identified a potential risk, and have been advised by a fitness center representative to consult a physician before beginning my physical activity, I wish to begin immediately and understand that all physical activity and use of the facilities shall be undertaken by me at my own sole risk. I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Participant Signature: _____ **Date:** _____

Rules and Regulations, Policies and Procedures

- 1. Attire.** Please wear proper clothing. Comfortable shirts and shoes are required in all public and fitness areas.
- 2. Damages.** Any damage to the Center's property by any participant shall be paid by the participant.
- 3. Children.** Children under 14 years of age are not allowed in the fitness/athletic areas of the Center.
- 4. Smoking.** Smoking will NOT be permitted in any areas of the Center or the building.
- 5. No Soliciting Allowed.** There is no soliciting allowed at the Center or in the building.

Your signature below constitutes agreeing to and abiding by the following waiver:

I acknowledge that I have reviewed the Rules and Regulations "policies and procedures" and agree to abide by Those policies and procedures and any other regulations that may be posted from time to time.

I represent, warrant, and acknowledge that I am in good physical condition and I am able to utilize the Center's facilities and perform the exercises recommended by the Center's employees. I understand that all exercise and use of the facilities shall be undertaken by me at my sole risk. In consideration of my use of the Center, I for myself and on behalf of my executor's release and discharge the center, its owners, officers, employees, agents, assigns, successors and the Center's building owners from any liability, damages, claims, and causes of action, whether known or unknown, for personal injuries to me resulting from or in any way related to or connected with the use of the Center, including but not limited to, use of all fitness and exercise equipment. It is understood that the Center shall not be responsible or liable to me or any third party for articles damaged, lost or stolen in or about the Center, or in lockers, or for loss or damages to any property including, but not limited to and contents thereof. . Any damages to the premises, facilities, and equipment will be paid for by me.

I have been diagnosed with Parkinson's Disease. I understand that a common symptom of Parkinson's Disease is loss of balance, which can lead to falls. By signing this, I represent that I am physically able to undertake the exercise program and have made full disclosure of any physical problem now existing. I agree that this exercise program will be undertaken at my own risk. I am responsible for informing the instructor of any exercise or activity related to the exercise program that causes discomfort and/or pain. I also understand that it is my decision whether or not to continue the exercise program in the event of injury or illness. By continuation of a program, I represent that I am physically able to undertake any and all physical exercise provided.

Participant Signature /Date