



## Modified PAR – Q & YOU

Congratulations on the decision to join our family here at The Wave. Before you begin we would like you to answer the eight questions in the box below. If you are between the ages of 16 and 69, the PAR – Q will tell you if you should check with your doctor before you start. If you are under the age of 16 or over 69 years of age, and you are not used to being very active, we recommend that you check with your doctor or health care provider prior to increasing your activity level.

*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?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you younger than 15 or older than 69 years of age?  |

## If you answered

### **YES to one or more questions, are under the age of 16 or over the age of 69**

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. 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.
- Take time before you start exercising to meet with a WAVE Personal Trainer. He/she will assist you in determining the safest and most effective exercise plan. This is a free service for any new WAVE member.

### **NO to all questions**

If you answered NO honestly to all PAR – Q questions, you can be reasonable 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 140/90 at rest on two or more occasions, 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 Wave and their agents assume no liability for persons who undertake physical activity, and if any person is in doubt about increasing their physical activity after completing this questionnaire, consult your doctor prior to physical activity.

**EXPRESS ASSUMPTION OF RISK:** I, the undersigned, hereby expressly and affirmatively state that I wish to participate in exercise and/or activity at The Wave. I am aware that if I answered yes to one or more of the questions on the Modified PAR – Q & YOU form that I am at increased risk for injury or death while participating in exercise or activity at The Wave. I also understand that it is the recommendation of The Wave to speak with your doctor by phone or in person to discuss exercise guidelines or limitations BEFORE you start utilizing The Wave.

I realize that my participation involves risks of injury, including but not limited to strains, sprains, heart attack, stroke or even death. I also recognize that there are many other risks of injury, including serious disabling injuries that may arise due to my participation in these exercises or activities. I understand it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur by reason of my participation.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_ am the parent or guardian of \_\_\_\_\_ and execute this release on his or her behalf.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RELEASE OF LIABILITY:** I have read, completed and understand this questionnaire. Any questions I had were answered to my full satisfaction. I understand the potential risk of illness, injury or aggravation of pre-existing conditions. I consent to emergency treatment, including the administration of whatever medication deemed necessary by emergency medical personnel for my care in the event of injury or illness. I understand the performance of any exercise is my responsibility and NO EXERCISE IS MANDATORY. I also understand that I must notify The Wave of any changes in health status which would cause me to answer yes to any of the eight PAR – Q questions. With this understanding I release The Wave, its agents, and employees from liability associated with my own negligence in participating in my exercise program.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_ am the parent or guardian of \_\_\_\_\_ and execute this release on his or her behalf.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_