

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 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 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.

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 in doubt after completing this questionnaire, consult your doctor prior to physical activity.

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.

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Name: _____

Phone: H: _____ B: _____

Email: _____

Provide details of health conditions and/or bone/joint ailments:

To be completed by Diaper-fit participants only:

Child's First Name: _____ Date of Birth: _____

Indicate 8-week session, location, class day & time you wish to attend:

Jan-Feb March-April May-June July-Aug Sept-Oct Nov-Dec

GH2O Fitness Eunice's Swim School Harbour Castle Westin Monarch Park Collegiate

Choice #1 _____ Choice #2 _____ Choice #3 _____

Waiver of Liability

I agree to forever release, discharge, full indemnify and save harmless, H2O-FIT, its directors, employees, volunteers, business operators, agents and site property owners or occupiers (the "Organization"), and their assigns from any and all claims, demands and expenses whatsoever on account of damage to or loss of property, physical or mental injury or death.

I acknowledge my obligation to immediately inform the nearest employee of the Organization if I feel any pain, discomfort, fatigue, nausea or other symptoms that I may suffer during and immediately after my participation in athletic activities with the Organization. I understand that I may stop participation at any time, and I may be requested to stop by an employee of the Organization who observes any symptoms of distress or abnormal response.

I hereby affirm that I have carefully read, fully understand and agree to the above. I understand that this waiver is binding on myself and my Legal Representatives.

Signature _____ Print Name _____ Date _____