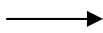


Sault College Athletic Centre Physical Activity Waiver Form



Please Circle One:

Student

Faculty/Staff

Public Member

Name: _____ Address: _____
(please print)

Phone #: _____

Emergency Contact: Name: _____ Phone #: _____

I agree that my Sault College Athletic membership is valid from _____ to _____.

Signature _____

Sault College of Applied Arts and Technology (The “College”)

I, the undersigned, do hereby acknowledge:

- My consent to participate in any physical activity in the Sault College Athletic Centre including but not limited to the use of the weight room, cardio room, fitness classes and gymnasium;
- My understanding that the College’s Athletic staff has the right to stop me from doing exercise which he/she feels would be harmful to me or make me stop exercising upon observation of any symptoms of distress or abnormal response;
- My understanding that there are potential risks associated with physical activity such as but not limited to: episodes of transient light headedness, fainting, abnormal blood pressure, musculo-skeletal injuries, and I assume wilfully those risks;
- My obligation to immediately inform the College’s Athletic staff of any unusual pain, discomfort, fatigue or any other symptoms that I may suffer during and immediately after physical activity;
- That I have read, understood and completed the Par-Q form;
- That I hereby release the College, its Board of Governors, Agents, Officers, and Employees from any liability with respect to any damage or injury (including death) that I may suffer during participation in physical activity at the Sault College Athletic Centre except where the damage or injury is caused by the gross or wilful negligence of the College, its Agents, Officers, Employees and Board of Governors acting within the scope of their duties.
- I have completed the PAR-Q & YOU and reviewed it with the Athletic Fitness Technician.
- That I am subject to conduct myself in accordance with College Policies, Student Rights and Responsibilities, and Harassment/Discrimination Policy.

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

Name _____ (please print)

Signature _____ Date _____

| | |
|--|---------------|
| Signature of Parent _____ or Guardian for participants under 18 years (the age of majority) | Witness _____ |
|--|---------------|

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 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? |

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

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

Name _____ (please print)

Signature _____ Date _____

Signature of Parent _____ Witness _____
or Guardian (for participants under the age of majority)