

Release/Assumption of Risk Agreement

In consideration of gaining access to participate in activities associated with fitness facilities or Future Physique Personal Fitness and all equipment, Name of program, facility, equipment, and machinery I do hereby waive, release, and forever discharge Future Physique Personal Fitness, Jeff Mitchell, and facilities, Name of organization/program and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities in said program. _____ (Please initial.)

I understand the policies and procedures set forth by the Future Physique staff, Name of organization/program and I have had the opportunity to discuss my specific needs in relation to participatory activity; and, as a result, I do voluntarily request the right to participate in this preventive program of exercise. _____ (Please initial.)

Also, in consideration of the above factors, I acknowledge the existence of risks in connection with these activities, assume such risks, and agree to accept the responsibilities for any injuries sustained by my participation in the course via the use of the facilities and/or its equipment. Most specifically, I acknowledge and accept responsibility for injuries arising out of those activities that involve risk in any of the following areas:

- The use of facility equipment
- The performance of fitness-related evaluations to assess functional capacity
- The participation in group activities related to exercise and activity
- Incidents that occur within the institution facility, locker rooms, dressing rooms, showers, and other areas associated with Future Physique Personal Fitness, Name of organization/program

In addition, it was seriously recommended that I consult with a physician before engaging in any activities associated with Future Physique Personal Fitness, Name of organization/program. _____ (Please initial.)

Having read the preceding, I acknowledge full understanding of those risks set forth herein and knowingly agree to accept full responsibility for my own exposures to such risks and to waive full responsibility and liability on behalf of Future Physique Personal Fitness, Name of organization/program. _____ (Please initial.)

Participant's name (please print clearly)

Participant's signature

Date: _____

Parent/Guardian's signature (if needed)

Date: _____

Witness' signature

Date: _____



Informed Consent Form

The tests included in the fitness evaluation will test the following areas of physical fitness: (1) cardiorespiratory endurance, (2) body composition, (3) muscular strength/muscular endurance, and (4) flexibility.

The most physically demanding tests are the cardiorespiratory and muscular strength/muscular endurance tests. The cardiorespiratory test consists of riding a stationary bicycle, walking/running on a treadmill, or stepping up and down from a 12-inch-high bench. The purpose is to examine your heart rate response to submaximal exercise and recovery periods. The muscular strength/endurance tests are either 1-repetition maximum on a bench press machine or the number of curl-ups and/or push-ups performed in one minute.

Muscular fatigue may be experienced during or after these tests. Complications have been few during exercise tests, especially those of a submaximal nature. If the person exercising is not tolerating the test well, it is stopped. Reported complications (1 in 10,000 tests) include faintness and irregularities in heart function. Also, risk of injury getting on or off exercise equipment is possible but rare.

In signing this consent form, you acknowledge that you have read and understood the description of these tests and their complications. In addition, you state that any questions you have about the fitness evaluation have been answered to your satisfaction. Every effort will be made to ensure your health and safety. You enter into the tests willingly and may withdraw at any time.

Information and data obtained from any procedure or within the execution of the program process will be construed as confidential. As such, that information and those data will not be released unless written authorization is provided by the participant named below.

A physician's examination is recommended for (1) *all* participants with *any* exercise restrictions and (2) *all* men ≥ 45 years old and *all* women ≥ 55 years old. Personal training participants in either or both of these categories who do NOT have a prior physician examination **MUST** acknowledge they have been informed of its importance. By signing below, you accept full responsibility for your own health and well-being AND you acknowledge an understanding that no responsibility is assumed by the leaders of the program.

Participant's name (please print clearly)

Participant's signature

Date: _____

Parent/Guardian's signature (if needed)

Date: _____

Witness' signature

Date: _____



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 (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?

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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, 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 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.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

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."

NAME _____

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT _____ WITNESS _____

or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



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Supported by: Health Canada / Santé Canada

Date: _____

Name: _____ Date of birth: _____ Soc. Sec. #: _____

Address: _____
Street City State Zip

Phone (H): _____ (W): _____ E-mail address: _____

In case of emergency, whom may we contact?

Name: _____ Relationship: _____

Phone (H): _____ (W): _____

Personal physician

Name: _____ Phone: _____ Fax: _____

Present/Past History

Have you had OR do you presently have any of the following conditions? (Check if yes.)

- Rheumatic fever
- Recent operation
- Edema (swelling of ankles)
- High blood pressure
- Injury to back or knees
- Low blood pressure
- Seizures
- Lung disease
- Heart attack
- Fainting or dizziness
- Diabetes
- High cholesterol
- Orthopnea (the need to sit up to breathe comfortably) or paroxysmal (sudden, unexpected attack) nocturnal dyspnea (shortness of breath at night)
- Shortness of breath at rest or with mild exertion
- Chest pains
- Palpitations or tachycardia (unusually strong or rapid heartbeat)
- Intermittent claudication (calf cramping)
- Pain, discomfort in the chest, neck, jaw, arms, or other areas
- Known heart murmur
- Unusual fatigue or shortness of breath with usual activities
- Temporary loss of visual acuity or speech, or short-term numbness or weakness in one side, arm, or leg of your body
- Other

Family History

Have any of your first-degree relatives (parent, sibling, or child) experienced the following conditions? (Check if yes.) In addition, please identify at what age the condition occurred.

- Heart attack
- Heart operation
- Congenital heart disease
- High blood pressure
- High cholesterol

Other major illness _____

Explain checked items: _____

Activity History

1. How were you referred to this program? (Please be specific.) _____

2. Why are you enrolling in this program? (Please be specific.) _____

3. Are you presently employed? Yes ___ No ___

4. What is your present occupational position? _____

5. Name of company: _____

6. Have you ever worked with a personal trainer before? Yes ___ No ___

7. Date of your last physical examination performed by a physician: _____

8. Do you participate in a regular exercise program at this time? Yes ___ No ___ If yes, briefly describe: _____

9. Can you currently walk 4 miles briskly without fatigue? Yes ___ No ___

10. Have you ever performed resistance training exercises in the past? Yes ___ No ___

11. Do you have injuries (bone or muscle disabilities) that may interfere with exercising? Yes ___ No ___ If yes, briefly describe: _____

12. Do you smoke? Yes ___ No ___ If yes, how much per day and what was your age when you started?
Amount per day _____ Age _____

13. What is your body weight now? _____ What was it one year ago? _____ At age 21? _____

14. Do you follow or have you recently followed any specific dietary intake plan, and in general how do you feel about your nutritional habits? _____

15. List the medications you are presently taking. _____

16. List in order your personal health and fitness objectives.

a. _____

b. _____

c. _____

Physician's Referral Form Pertaining to a Fitness Evaluation and Preventive Program of Exercise

Dear Doctor:

Your patient _____ has contacted us regarding the fitness evaluation conducted by _____ . The program is designed to evaluate the individual's fitness status prior to embarking on an exercise program. From this evaluation, an exercise prescription is formulated. In addition, other parameters related to a health improvement program are discussed with the participant. It is important to understand that this program is preventive and is not intended to be rehabilitative in nature.

The fitness testing includes: _____

A comprehensive consultation will be provided to the participant that serves to review the test results and explain recommendations for an individualized fitness program.

A summary of test results and our recommendations will be kept on file and may be made available to you upon request.

In the interest of your patient and for our information, please complete the following:

- A. Has this patient undergone a physical examination within the last year to assess functional capacity to perform exercise? Yes ___ No ___
- B. I consider this patient (please check one):
 - ___ Class I: presumably healthy without apparent heart disease eligible to participate in an unsupervised program
 - ___ Class II: presumably healthy with one or more risk factors for heart disease eligible to participate in a supervised program
 - ___ Class III: patient not eligible for this program, and a medically supervised program is recommended
- C. Does this patient have any preexisting medical/orthopedic condition(s) requiring continued or long-term medical treatment or follow-up? Yes ___ No ___

Please explain: _____

D. Are you aware of any medical condition(s) that this patient may have or may have had that could be worsened by exercise? Yes ___ No ___

E. Please list any currently prescribed medication(s): _____

F. Please provide specific recommendations and/or list any restrictions concerning this patient's present health status as it relates to active participation in a fitness program.

Comments: _____

Referring physician's signature: _____

Date: _____ Client's name: _____

Phone (H): _____ Phone (W): _____

Address: _____

From NSCA's Essentials of Personal Training by Roger W. Earle and Thomas R. Baechle, 2004, Champaign, IL: Human Kinetics.