

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)



NAME _____ DOB _____

If you're aged 15-69, the PAR-Q will tell you if you should check with your doctor before significantly changing your physical activity patterns. If you're over 69 years and aren't used to being very active, check with your doctor. Please read each question carefully and answer honestly by ticking YES/NO.

	YES	NO
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had a chest pain when you were not doing physical activity?		
Do you lose balance because of dizziness or do you ever lose consciousness?		
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?		
Is your doctor currently prescribing medication for your blood pressure or heart condition?		
Do you know of <u>any other reason</u> why you should not take part in physical activity?		

If YES, to one or more questions - please comment briefly below and give details on the Medical History form:

If you answered YES to one or more questions: Talk to your doctor either in person or by phone before you start becoming much more physically active to clarify that it's safe for you to do so at the current time.

If you answered NO to ALL of the questions: It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level.

Delay becoming more active - if you are not feeling well due to a temporary illness. If you are or may be pregnant talk to your doctor before you become more active.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

SIGNATURE _____ PRINT NAME _____ DATE _____



Emergency Contact:_____

Emergency Contact phone:(_____)_____

INFORMED CONSENT FORM

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE (_____) _____ **Email** _____

"I, (print name) _____, have enrolled in a program of physical activity including, but not limited to, a group exercise class, resistance training, flexibility and balance training, various aerobic conditioning exercises, walking/hiking/kayaking, and/or Pickleball offered by Trinity United Methodist Church, which may be in person on or off site, via virtual format offsite, and/or outdoors.

I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this exercise program. In consideration of my participation in Trinity United Methodist church's exercise program, I, for myself, my heirs and assigns, hereby release Trinity United Methodist Church, its employees, members, volunteers, agents, and contractors from any claims, demands, and causes of action, which I may have now or in the future, arising from my participation in the exercise program. I fully understand that I may injure myself as a result of my participation in Trinity United Methodist Church's exercise programs including, but not limited to miscarriage, heart attack, muscle strains, pulls, or tears, broken bones, shin splints, heat prostration, knee-lower back/foot injuries and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.

Signature (or if a Minor, Parent/Guardian Signature)

Date

If you answered YES to any one of the questions on the PARQ, please check with your physician before beginning this exercise program and then sign below.

I hereby affirm that I am exercising with my physician's approval regarding this program and have read and fully understand the above agreement.

Signature (or if a Minor, Parent/Guardian Signature)

Date

From time-to-time photos (generally of a group) may be used during the BFC/BFO program in church publications, which may include the church website, private FB page, bulletin, Tidings, bulletin board etc.? Please initial one below:

_____ My photos may be used in publications _____ My photos MAY NOT be used for publications