

LOGAN HEALTH

INFORMED CONSENT and RELEASE OF LIABILITY

FOR EXERCISE PARTICIPATION AND FITNESS ASSESSMENT

I desire to engage voluntarily in an exercise program at Logan Health Medical Fitness to improve my physical fitness. I may voluntarily engage in exercise assessments to evaluate my physical fitness.

I understand there is a risk of abnormal cardio respiratory response during and following exercise. I understand that I am responsible for monitoring my own condition throughout exercise, and agree to stop exercise and inform a Summit staff member should any unusual symptoms occur. I understand that I can discontinue my exercise program or fitness assessment at any time.

Medical clearance is recommended before beginning an exercise program. If medical clearance is specifically requested prior to beginning my exercise program and/or fitness assessment, I will consult my physician and obtain said clearance prior to beginning the exercise program and/or fitness assessment.

I hereby consent to voluntarily engage in an exercise program and/or fitness assessment. I have read this form and understand the risks. My questions have been answered to my satisfaction. I agree to assume the risk of such exercise and fitness assessment, and agree to hold harmless Logan Health Medical Fitness, their staff members, and their corporate ownership.

Printed Name

DOB

Member #

Signature of Participant

Date

Reasons for joining The Summit, please select all that apply:

- To have fun
- Get active
- Get stronger
- Training for event
- Weight management
- Physician request
- Health concerns
- Other: _____

Referral Source:

- Member, please list: _____
- Logan Health Employee
- Special / Promotion (radio, Facebook, newspaper, word-of-mouth)
- Website / Internet Search
- Self
- Clinical Program (CRPR, Diabetes, Journey to Wellness, Physical Therapy)
- Physician, please list: _____
- Other: _____

Physical Activity Readiness Questionnaire - PAR-Q & You

Congratulations on your decision to join The Summit. Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is a 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 and 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 any other reason why you should not do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	8. Are you older than 69 years of age?

If you answered YES to questions 1-7, please explain: (*If you answered YES to questions 2, 3 or 4, we require that you consult with your healthcare provider and provide us with a written release for exercise.)

If you answered YES to one or more questions:	DELAY becoming more active IF:
<p>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.</p> <ul style="list-style-type: none"> You may be able to do any activity you want—as long as you start slowly and build up gradually. This is the safest and easiest way to go. Find out which community programs are safe and helpful for you. 	<ul style="list-style-type: none"> If you are not feeling well because of a temporary illness such as a cold or fever wait until you become better; or If you are or may be pregnant—talk to your doctor before you start becoming more active.

If you answered NO to all the questions, you can be reasonably sure that you can:
<ul style="list-style-type: none"> Start becoming more physically active; begin slowly and build up gradually. This is the safest and easiest way to begin. 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.

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 PAR-Q: Logan Health Medical Fitness 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 physician prior to physical activity. "I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

Name: _____ Signature: _____ Date: _____