

Challenge Fitness and Ignite Cheer Academy Waiver of Liability and Information Form

Samantha McChesney- Owner and Head Trainer/Coach

(Please Print Clearly)

Last Name_____ **First Name**_____

Address_____ **City**_____ **State**_____ **Zip**_____

Home Phone () _____ **Cell** () _____

Email_____ **Birthday** _____

Injuries, Allergies, or Preexisting Medical Conditions _____

Emergency Contact: Name_____ **Phone Number** () _____

Waiver & Release of Liability, Assumption of Risk, and Indemnity Agreement

I agree that I will not hold responsible and release Challenge Fitness for any injuries or damage that I may incur during my participation in this class. I agree that Challenge Fitness will not be responsible for the injuries or damage of any adult, minor, or spectator that chooses to participate in or watch this class and its instruction. I agree that I will hold blameless any Challenge Fitness students, instructors, owner, for any injuries, personal damage, or property damage that may incur during my participation in instructional classes. I understand that exercise can result in minor injuries, serious injuries, and possibly death. I understand and agree that Challenge Fitness may use any pictures or videos that are taken. I hereby waive the right I may have to inspect them and understand there is no compensation to any participant or spectator.

Participants Signature_____

Parents/Guardian Signature under 18_____

Date and Time_____

How did you hear about us?_____

Please fill out the next sheet as well. Thank you.

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 _____

SIGNATURE OF PARENT
or GUARDIAN (for participants under the age of majority) _____

DATE _____

WITNESS _____

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.



**Challenge Fitness and Ignite Cheer Academy
Pre-Participatory Screening**

NAME: _____ Date of Birth: _____
Day/Month/Year

Assess your health status by marking all *true* statements.

History

You have had:

_____ a heart attack	_____ heart surgery
_____ cardiac catheterization	_____ coronary angioplasty (PTCA)
_____ pacemaker/implantable cardiac Defibrillator/rhythm disturbance	_____ heart valve disease
_____ heart failure	_____ heart transplantation
_____ congenital heart disease	

Symptoms

_____ You experience chest discomfort with exertion

_____ You experience unreasonable breathlessness

_____ You experience dizziness, fainting, or blackouts

_____ You take heart medications

Other health issues

_____ You have diabetes

_____ You have asthma or other lung disease

_____ You have burning or cramping sensation in your lower legs when walking short distances

_____ You have musculoskeletal problems that limit your physical activity

_____ You have concerns about the safety of exercise

_____ You take prescription medications

Cardiovascular risk factors

_____ You smoke, or quit smoking within the previous 6 months

- _____ Your blood pressure is $> 140/90$ mm Hg
- _____ You take blood pressure medication
- _____ Your blood cholesterol level is > 200 mg/dL
- _____ You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
- _____ You are physically inactive (i.e., you get < 30 minutes of physical activity on at least 3 days per week)
- _____ None of the above

Modified From: ACSM's Guidelines for Exercise Testing and Prescription (8th edition). LWW: Baltimore, MD.