



EXPRESS ASSUMPTION OF RISK FORM



Assumption of Risk Form

Name (please print): _____

The undersigned, understands that injuries are a natural part of many recreation activities and agrees to indemnify, hold harmless and release the Hays Recreation Commission (HRC) their agents and employees from any and all liability for any injury which may be suffered by the above named individual(s) registered in this activity arising out of or in any way connected with Participation in this activity. The undersigned and participant authorize the HRC to use at its discretion any photograph(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. I have read the above statement, understand and agree to the conditions set forth. I agree to abide by all policies and guidelines set forth by the HRC regarding this program.

I have had an opportunity to ask questions. Any questions I have asked have been answered to my complete satisfaction. I subjectively understand the risks of my participation in this activity, and knowing and appreciating these risks, I voluntarily choose to participate, assuming all risks of injury or even death due to my participation.

Notes of Questions and Answers

This is, as stated, a true and accurate record of what was asked and answered.

Participant Signature

To be checked by program staff

Checked

Initials

- I. Risks were orally discussed.
- II. Questions were asked and the participant indicated complete understanding of the risks.
- III. Questions were not asked, but an opportunity to ask was provided and the participant indicated complete understanding of the risks.

Participant

Dated

Staff Member

Dated



Health History Form

Name (please print): _____

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 physician before they start becoming more physically active. Please complete this form as accurately and completely as possible.

Please mark YES or No to the following: YES NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? _____

Do you frequently have pains in your chest when you perform physical activity? _____

Have you had chest pain when you were not doing physical activity? _____

Have you had a stroke? _____

Do you lose your balance due to dizziness or do you ever lose consciousness? _____

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? _____

Are you pregnant now or have given birth within the last 6 months? _____

Do you have asthma or exercise induced asthma? _____

Do you have low blood sugar levels (hypoglycemia)? _____

Do you have diabetes? _____

Have you had a recent surgery? _____

If you have marked YES to any of the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No
What is the medication for?
How does this medication affect your ability to exercise or achieve your fitness goals?

Please note: If your health changes such that you could then answer YES to any of the above questions, tell your fitness staff or trainer, ask whether you should change your physical activity plan.

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

Print Name: _____ Signature: _____

Date: _____



PAR-Q AND YOU



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 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 to your best knowledge.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

**IF
You
Answered**

YES to one or more questions

You **MUST** consult your physician and have a signed physicians release prior to obtaining your membership. 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 temporarily illness such as 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 you physical activity plan.

“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 _____
(To participate if under 18)



MEDICAL RELEASE



Physician's Release for Exercise Form

Name (please print): _____

Health Care Provider:

Name: _____

Address: _____

Telephone: _____

PHYSICIAN'S RELEASE FOR EXERCISE

It is my understanding that _____ will be participating in a physical activity program. I understand that aspects of the program will include the following activities:

1. A basic fitness evaluation, including:

- a. Resting heart rate
- b. Weight
- c. Body composition

2. Physical activity program, activities may include:

- a. Aerobic exercises
- b. Resistance training with weights and machines
- c. Walking or cycling
- d. Other _____

As the individual's healthcare provider, I am not aware of any medical condition which would prevent him/her from participating in the exercises outlined above.

Signed _____

Date _____

Note: If there are any contraindications to this fitness evaluation and exercise program, please list in the remaining space below: