



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.

There will be no holds or extensions on any kind of membership at any giving time.

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



# EXPRESS ASSUMPTION OF RISK FORM



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"/> 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 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?   |

**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 your 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 16)