



RELEASE OF LIABILITY

Registration in this program constitutes consent/permission to participate in activities at the Lauri Ann West Community Center.

I am aware that there may be risks associated with activities, athletics, and/or physical activities, and I agree to voluntarily accept the same.

In consideration of my own, child or ward's participation in the program, athletics or other activities, I hereby release Lauri Ann West Community Center and its teachers, instructors, coaches, employees or agents from any and all claims for personal injury, death and/or property damage and from all claims of whatever nature, including but not limited to, claims for liability, or breach of contract, arising from my own, child or ward's participation in this program, athletics or other activities.

I further agree to indemnify and hold harmless Lauri Ann West Community Center and its teachers, instructors, coaches, employees and agents from any and all claims of whatever nature may arise as a result of injury or death as a result of my own, child, or ward's participation in such athletics or other activities.

The participant has received a physical examination by a physician who has determined that the participant is physically capable of participating in a physical activity program or class .

The participant agrees to follow all rules and classroom behavior expectations developed by the Lauri Ann West Community Center. A participant may be asked to leave the program or facility, with no refund given, if inappropriate behavior is of a serious nature or persist after repeated discussion between staff and the member participant.

Photographs

Program, class, and activity participation may be photographed and images used for promotional materials, including print and electronic. You may deny permission to be photographed by notifying us in writing. We do not publish participant names or personal information.

Signature(s): _____

Print Name(s): _____

Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check **YES** or **NO** opposite the question if it applies to you. If yes, please explain.

YES **NO**

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Has your doctor ever said you have heart trouble?
Yes, _____ |
| _____ | _____ | 2. Do you frequently have pains in your heart and chest?
Yes, _____ |
| _____ | _____ | 3. Do you often feel faint or have spells of severe dizziness?
Yes, _____ |
| _____ | _____ | 4. Has a doctor ever said your blood pressure was too high?
Yes, _____ |
| _____ | _____ | 5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
Yes, _____ |
| _____ | _____ | 6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?
Yes, _____ |
| _____ | _____ | 7. Are you over age 60 and not accustomed to vigorous exercise?
Yes, _____ |
| _____ | _____ | 8. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness?
Yes, _____ |
| _____ | _____ | 9. Are you currently taking any medications? If YES, please specify.
Yes, _____ |
| _____ | _____ | 10. Do you currently have a disability or a communicable disease? If YES, Please specify,
Yes, _____ |

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities and/or fitness evaluation testing.

Print Name

Signature

Date