



PAR-Q & YOU

(A questionnaire for people aged 15 to 69)

IF OVER 69 YEARS OF AGE A MEDICAL CLEARANCE IS REQUIRED

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 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, 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 YES or NO.

yes	no	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? Clarification – Persons with known heart disease are at an increased risk for cardiac complications during exercise. They should consult a physician and undergo exercise testing before starting an exercise program. The exercise prescription should be formulated in accordance with standard guidelines for cardiac patients. Medical supervision may be required during exercise training.
yes	no	2) Do you feel pain in your chest when you do physical activity?
yes	no	3) In the past month, have you had chest pain when you were not doing physical activity? Clarification – A physician should be consulted to identify the cause of the chest pain, whether it occurs at rest or with exercise. If ischemic in origin, the condition should be stabilized before starting an exercise program. Exercise testing should be performed with the patient on his or her usual medication and the exercise prescription formulated in accordance with standard guidelines for cardiac patients. Medical supervision may be required during exercise training.
yes	no	4) Do you lose your balance because of dizziness or do you ever lose consciousness? Clarification – A physician should be consulted to establish the cause of these symptoms, which may be related to potentially life-threatening medical conditions. Exercise training should not be undertaken until serious cardiac disorders have been excluded.
yes	no	5) Do you have a bone or joint problem that could be made worse by a change in physical activity? Clarification – Existing musculoskeletal disorders may be exacerbated by inappropriate exercise training. Persons with forms of arthritis known to be associated with a systemic component (for example rheumatoid arthritis) may be at an increased risk for exercise-related medical complications. A physician should be consulted to determine whether any special precautions are required during exercise training.
yes	no	6) Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? Clarification – See question 1. Medication effects should be considered when formulating the exercise prescription. A physician should be consulted to determine whether the condition or factor requires special precautions during exercise training or contraindicates exercise training.
yes	no	7) Do you know of any other reason why you should not do physical activity? Clarification – The exercise prescription may have to be modified in accordance with the specific reason, a physician may have to be consulted.

If a person answers yes to any question, exercise or exercise testing may have to be postponed. Medical Clearance may be necessary.

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.

NOTE: If the PAR-Q is 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 satisfactions.

Print Name _____ Date _____

Signature _____ Date _____

_____ Date _____

If 18 or under, signature of parent or guardian

INFORMED CONSENT AGREEMENT

Thank you for choosing to use the facilities, services, or programs of the Lombardi Recreation Building, University of Nevada, Reno. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, _____, declare that I intend to use some of or all of the activities, facilities, programs, and services offered by Lombardi Recreation, and I understand that each person (myself included), has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health, (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use.

I further understand that the activities, programs, and services offered by Lombardi Recreation are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by participating in the activities, facilities, programs, and services offered by Lombardi Recreation, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

I understand that I may ask questions or request further explanation or information about the activities, facilities, programs, and services offered by Lombardi Recreation at any time before, during, or after my participation.

GENERAL FACILITY RULES

1. **Patrons must present their personal University Nevada Reno ID and have paid the Lombardi fee to enter Lombardi Recreation Building. THERE ARE ABSOLUTELY NO EXCEPTIONS. Driver's licenses, keys, or other forms of ID will not be accepted. I understand that I may access Lombardi by paying \$5 and presenting my validated University Nevada Reno ID. Failure to comply with any Lombardi policies will result in my loss of building privileges. PLEASE INITIAL HERE:** _____
2. No smoking or use of tobacco allowed.
3. No alcohol or controlled substances allowed.
4. No bikes, skateboards, or roller-blades are allowed to be used in the facility.
5. No animals allowed unless assisting a person with a disability.
6. No bouncing, kicking, or throwing of balls in the hallways.
7. No eating, drinking, or glass containers allowed in the gyms, pool, racquetball courts, squash courts, multi-purpose rooms or fitness center.
8. No shoes that mark the floors are allowed in the facility.
9. Eye protection is recommended in the racquetball and squash courts.
10. Family members 18 years of age and younger must be accompanied by an adult at all times.
11. The Fitness Center and Pool have rules specific to those facilities. It is your responsibility to know them.
12. LOCKERS are on a first-come, first-serve basis. All locks will be cut and locker contents removed and delivered to a local non-profit organization one week after the end of each semester.
13. Appropriate attire must be worn at all times. No dress clothes, jeans, cords, street shorts, or open-toed shoes allowed in the Fitness Center.
14. As a courtesy to others please maintain proper personal hygiene and launder exercise clothing on a regular basis.
15. Lombardi makes no guarantees as to the availability of specific facilities as they may be taken out of service as necessary.
16. Any rule or safety behavior not stated is left to the judgment of the Lombardi staff.

I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Print Name _____

Signature _____ Date _____

Date _____

If 18 or under, signature of parent or guardian