

Westfield State University Ely Fitness Center

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 problem 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 them carefully and check the correct answer opposite the question if it applies to you.

- yes** **no** 1. Has your doctor ever said you have heart trouble?
- yes** **no** 2. Do you frequently have pains in your heart & chest?
- yes** **no** 3. Do you often feel faint or have spells of severe dizziness?
- yes** **no** 4. Has a doctor ever said your blood pressure was too high?
- yes** **no** 5. Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?
- yes** **no** 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
- yes** **no** 7. Are you over age 65 and not accustomed to exercise?

A "yes" to any PAR-Q question will require your physician to complete a Medical Clearance form for you in advance of your initial use of the Ely Fitness Center Fitness area.

I _____, hereby certify that I have read and understand all of the above information and have answered each and every question truthfully to the best of my knowledge and ability. I understand that I will be required to have my physician complete a written Medical Clearance form if I answer "yes" to any of the above questions.

Name of Participant _____ **Year of Graduation** _____
(please print)

Signature _____ **Date** _____

Witness _____ **Date** _____



Westfield State University Ely Fitness Center Informed Consent Agreement

Thank you for choosing to use the facilities, services or programs of the Westfield State University Ely Fitness Center (WSUEFC). 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 or all the activities, facilities, programs and services offered by the WSUEFC 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, facilities, programs and services 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 informed 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 of the WSUEFC brings with 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 the activities, programs and services offered by the WSUEFC 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 the WSUEFC, I may experience such potential health risks such as a 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 any questions or request further explanation or information about the activities, facilities, programs and services offered by the WSUEFC at any time before, during or after my participation.

I understand and agree that this consent form will be in effect for as long as I am a student at WSU. However, I may revoke this consent at anytime in writing to the Manager of the Ely Fitness Center.

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

Name of participant _____

full time student **part time student** **faculty** **staff** **other**

Phone number _____ **Year of Graduation** _____

Signature _____ **Date** _____

Witness _____ **Date** _____

