



Physical Activity Readiness Questionnaire (PAR-Q)

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

Common sense is your best guide in answering these few questions, Please read them carefully and check YES or NO opposite the questions 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 your doctor ever said your blood pressure was too high?
YES,
5. Has your doctors ever told you that you have bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
YES,
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,
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?
YES,
10. Do you currently have a disability or communicable disease?
YES,

If you answered YES to one or more questions...

If you have not recently done so, consult with your personal physician by telephone or in person before increasing your physical activity and or taking a fitness test.

If you answered NO to all questions...

If you answered the PAR-Q accurately, you have reasonable assurance of your present fitness to begin an exercise program.

Print Name Signature Date

Campus Recreation Informed Consent and Release

*** PLEASE READ CAREFULLY AND COMPLETELY ***

I have been informed and fully realize there are dangers and risks to which may be exposed while participating in Campus Recreation activities. These risks may include possibility of slight or severe bodily injury, or death, from hazards including but not limited to slips or falls, traffic or other damage to my person, delay or inconvenience, and/or damage to my property while participating in Campus Recreation activities. I understand the Saginaw Valley State University does not require me to participate in the activity, but I do so freely, despite possible risks and the Release.

I therefore, freely and voluntarily agree to assume and take on myself all of the risks and responsibilities in any way associated with Campus Recreation activities. I release Saginaw Valley State University, its Board of Trustees, employees, and agents from all liability, claims, and actions that may arise from injury or harm to me, from my death, or from damage to my property in connection with the activity. I understand that this release covers liability, mistake, or failure to supervise. I understand that this release does not apply to instances of intentional misconduct by University employee or agent.

I know that if I become ill or injured while participating in this activity, I am responsible for my health care expenses and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods. I assume full responsibility for any and all claims and costs arising directly or indirectly from any of my activities, acts, or omissions while participating in this activity.

I further release Saginaw Valley State University, its Board of Trustees, its employees or agents from liability for any claim or loss, injury or damage to me or my property due to any act, omission, or negligence or parties not an agent or employee of Saginaw Valley state University, including, but not limited to, owners or contractors providing accommodations or other services.

Print Name Signature E-mail

Student ID Date Cardinal Fitness Program