



## Harmony Fitness Release Form

NAME:

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GUARDIAN (IF UNDER 18):

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CELL PHONE:

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\* EMAIL:

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ADDRESS:

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CITY/PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

DATE OF BIRTH (mm/dd/yr):

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\*EMERGENCY CONTACT:

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\*EMERGENCY CONTACT PHONE #:

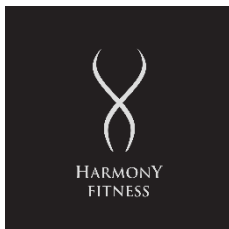
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MEDICAL CONDITIONS:

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**PREGNANT?** YES NO

**If yes:** You understand the risks of working out while pregnant and release Harmony Fitness Inc., their owners instructors and staff of all liability. **INITIAL** \_\_\_\_\_



I \_\_\_\_\_, assume full responsibility for the risks of my undertaking of a physical activity program at Harmony Fitness Inc. assumes no liability for your undertaking of physical activity, personal injury, property damage or loss as a result of your participation at Harmony Fitness Inc.

Harmony Fitness Inc. shall not be liable for any damage arising from any personal injuries sustained by a guest on or around the premises of Harmony Fitness Inc. property. A guest attending Harmony Fitness Inc. and using its facilities and equipment does so at his/her own risk.

A guest or member assumes full responsibility for any injuries or damages which may occur to him/her using said facilities and he/she does hereby fully and forever release and discharge Harmony Fitness Inc., its owners, employees and agents from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of a member's or a guest's use or intended use of Harmony Fitness Inc. facilities and equipment.

I warrant, represent and agree that I am in good physical condition and have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental of inimical comfort or physical condition if I do so engage or participate, Harmony Fitness Inc. shall not be liable for the loss, theft or damage to the personal property of a guest or a member.

***I acknowledge that ALL class packages have an expiration date of one year. \_\_\_\_\_ (initials)***

***All monthly packages expire 30 days from date of first class. \_\_\_\_\_ (initials)***

***I acknowledge that all class reservations must be cancelled at least 12 hours in advance to avoid losing the class. \_\_\_\_\_ (initials)***

I agree to keep and obey all the rules and regulations now in force or prescribed by Harmony Fitness Inc.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# PAR-Q & YOU

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 you 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 each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>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?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not do physical activity?</b>

## If you answered YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. 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.

## Did you answer NO?

## If YES →

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a 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.

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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

NOTE: If the PAR-Q is being 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 satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_