

CLUB APPLE

2030 Jennie Lee Drive • Idaho Falls, ID 83404

PAR-Q Questionnaire/Club Exercise and Amenities Waiver

Name

Age

Sex

Spouse

Age

Sex

Address

City

State

Zip

Phone

Emergency Contact

Phone

UNDER AGE CHILDREN OR GUEST OF MEMBER		PAR-Q & You				
NAME		SEX	AGE	DOB	RELATIONSHIP	
1.						
2.						
3.						
4.						
5.						
6.						

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 help 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. Medical questions – if answering yes, state which person the question applies to (if necessary write comments on back of this sheet.)

If you answer YES to any of the following questions, note person’s name and details on back of form.

1. Has your doctor ever said you have heart trouble? . . . . .
2. Do you frequently have pains in your heart and chest? . . . . .
3. Do you often feel faint or have spells of severe dizziness? . . . . .
4. Has a doctor ever said your blood pressure was too high? . . . . .
5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that’s been aggravated by exercise or might be made worse with exercise? .
6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? . . . . .
7. Are you over age 65? . . . . .

YOU		SPOUSE		CHILDREN/GUEST							
YES NO		YES NO		1	2	3	4	5	6		
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Yes to one or more questions

No to all questions

If you answered

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 appraisal. Tell your physician what questions you answered “yes” to on PAR-Q or present your PAR-Q copy.

Programs

After medical evaluation, seek advice from your physician as to your suitability for:

- unrestricted physical activity starting off easily and progressing gradually, and
- restricted or supervised activity to meet your specific needs, at least on a initial basis.

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for:

- a graduated exercise program - a gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort - and
- a fitness appraisal - the Canadian Standardized Test for Fitness (CSTF).

Postpone

If you have a temporary minor illness, such as a common cold.

LIABILITY WAIVER

It is expressly agreed and understood that the use of all Club Apple (now referred to as: CA) facilities, equipment and programs/amenities shall be undertaken at the member’s/guest’s own risk and that they acknowledge that they are voluntarily participating in all activities that involve risk from both activity, as well as, negligence. Along with physical injury, member/guest may experience unusual physical conditions that can include, but are not limited to, orthopedic conditions, abnormal blood pressure, fainting, heart beat irregularities and in rare instances, heart attack, stroke and death. This includes activities/instruction and advice given to members/guests from CA personal trainers and group exercise instructors.

Member/guest waives their right to sue if club calls medical personnel to treat suspected conditions or injuries. Member agrees to indemnify CA to all lawsuits arising outside the presence of CA.

In the event that a court finds any clause or provision to be invalid in either this liability waiver/par-q or membership agreement, the balances of these documents are enforceable.

Member/guest agrees that Idaho law will control any and all disputes arising out of these documents/agreements.

Member/guest acknowledges that he/she has carefully read this par-q and liability waiver and is aware that it contains a waiver and release of liability and that member/guest is giving up substantial rights, including his/her own right to sue. Member is signing this agreement of his/her own free will and intends for his/her signature to be a complete and unconditional release of all liability to the greatest extent allowable by law.

Member hereby releases and discharges CA from any and all claims, causes of actions or liability for any injuries member may suffer resulting from member’s participation in CA activities, use of facilities whether or not the same arises out of or results from any act, omission or conduct of any of the CA parties, affiliates, it’s agents and employees, negligent or otherwise.

As a condition precedent of CA accepting the member/guest, the member/guest agrees to forever release CA, its affiliates, its agents and employees from all such claim for injuries, damages or loss of property and from all facts which give rise to active or passive negligence on the part of CA, its affiliates, its agents and employees.

By signing below, I acknowledge that I am in agreement with all statements above, that all information given by me in this document is factual and I am at least 18 years of age.

PRIMARY SIGNATURE

SPOUSE SIGNATURE

DATE

Sign here if signing for spouse and/or underage children: I attest that I am the spouse, parent or legal guardian of the above listed persons, and I am knowledgeable in answering all of the above questions on their behalf. If the above listed children are my guests I accept full responsibility for them while they are visiting Club Apple.

SIGNATURE

DATE

EMAIL ADDRESS