

New Member Complimentary Orientation

Paid Orientation

Personal Training Request

Name: _____ Age: _____ Date: _____ Phone: _____

Modified PAR Q and You

Welcome to our family at Montana Athletic Club (MAC) in Bigfork! Before you begin we would like you to answer the nine questions below. Read the questions carefully and respond honestly, using common sense as your guide.

YES NO

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

2. Do you feel pain in your chest when you do physical activity?

3. In the past month, have you had chest pain when you were not doing physical activity?

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

5. 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? Explain: _____

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? List: _____

7. Do you know of any other reason why you should not do physical activity?

8. Are you younger than 16 or older than 69 years of age?

9. Has your blood pressure ever been higher than 140/90?

If you answered **YES** to one or more questions, communicate with your doctor **BEFORE** you become more physically active or **BEFORE** you have a fitness appraisal. Follow his/her advice regarding any restrictions you may have and the kinds of activities in which you wish to participate.

If you answered **NO** to all questions honestly, you can be reasonably sure that you can increase your physical activity. Begin slowly and build up gradually.

- It is highly recommended that you have your blood pressure evaluated. If your reading is over 140/90 at rest on two or more occasions, talk with your doctor before you increase physical activity.

DELAY INCREASED PHYSICAL ACTIVITY:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better.
- If you are or may be pregnant – talk to your doctor before you become more active.

- We recommend you meet with a MAC personal trainer for a fitness appraisal. He/She will assist you in determining the safest and most effective exercise plan. This is a free service for any new MAC member who signs up for minimum of 12 months.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, ask your fitness or health professional if you should change your physical activity plan.



850 Holt Dr. Bigfork, MT 59911
(406) 837-2582

Trainer's Notes:

Contact Attempts: _____

Orientation Date: _____

(initials)

Modified PAR Q and You - page 2

Informed Use of the PAR – Q: The MAC and their agents assume no liability for persons who undertake physical activity, and if any person is in doubt about increasing their physical activity after completing this questionnaire, consult your doctor prior to physical activity.

EXPRESS ASSUMPTION OF RISK: I, the undersigned, hereby expressly and affirmatively state that I wish to participate in exercise and/or activity at The MAC. I am aware that if I answered yes to one or more of the questions on the Modified PAR – Q & YOU form that I am at increased risk for injury or death while participating in exercise or activity at The MAC. I also understand that it is the recommendation of The MAC to communicate with a doctor to discuss exercise guidelines or limitations BEFORE I start utilizing The MAC.

I realize that my participation involves risks of injury, including but not limited to strains, sprains, heart attack, stroke or even death. I also recognize that there are many other risks of injury, including serious disabling injuries that may arise due to my participation in these exercises or activities. I understand it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur by reason of my participation.

Printed Name: _____ Date of Birth: _____

Signature: _____ Date: _____

I, _____ am the parent or guardian of _____ and execute this release on his or her behalf.

Signature: _____ Date: _____

RELEASE OF LIABILITY: I have read, completed and understand this questionnaire. Any questions I had were answered to my full satisfaction. I understand the potential risk of illness, injury or aggravation of pre-existing conditions. I consent to emergency treatment, including the administration of whatever medication deemed necessary by emergency medical personnel for my care in the event of injury or illness. I understand the performance of any exercise is my responsibility and NO EXERCISE IS MANDATORY. I also understand that I must notify The MAC of any changes in health status which would cause me to answer yes to any of the nine PAR – Q questions. With this understanding I release The MAC, its agents, and employees from liability associated with my own negligence in participating in my exercise program.

Printed Name: _____ Date of Birth: _____

Signature: _____ Date: _____

I, _____ am the parent or guardian of _____ and execute this release on his or her behalf.

Signature: _____ Date: _____



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