FITNESS AND AGING - INSTRUCTIONAL RECREATION AGREEMENT TO PARTICIPATE

I, _______________________________ the below signed, am aware that playing or practicing any athletic activity can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing in the above activity include -- but are not limited to -- death, serious neck and spinal injuries (which may result in complete or partial paralysis or brain damage), serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other organs or aspects of my body and my general health and well-being.

To the best of my knowledge, I am in good health and suffer no disability or condition which renders my participation in the activity medically inadvisable, or otherwise limits my ability to participate in such activity without restriction.

I hereby authorize the Campus Recreation Office and staff to obtain on my behalf first aid, emergency medical care, or, if necessary, admission to an accredited hospital, when such care is necessary for the treatment of any injuries that I may sustain while participating in any activity associated with UVM Instructional Courses. I also hereby consent to the administration of emergency medical treatment in the event that I am unable subsequent to such injury to give such consent as otherwise necessary. I agree to be responsible for all medical charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

In consideration for my participation in the course and all activities related to the course, including -- but not limited to -- practicing, competing, and traveling, I hereby voluntarily assume all risks associated with participation and agree to hold harmless UVM, its agents, officers, and employees, including -- but not limited to -- the athletic staff of UVM from any liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation and any activities related to UVM instructional recreation, except in the event of gross negligence.

The terms of this Agreement shall serve as a release and assumption of risk for my heirs, estate, executor, administrators, assignees, and all members of my family.

Have you had a physical in the last year? ______________________________________________________

Has your doctor approved you to take this course? __________________________________________________

Do you have any special requests we should know in reference to your health? _______________________

__________________________________________________________________________________________

Have you participated in this course in the past? __________________________________________________

__________________________________________________________________________________________

Health Insurance Carrier _______________________________ Policy No. _______________________________

__________________________________________________________________________________________

PRINT Name of Participant _______________________________ Date of Birth ______________________________

__________________________________________________________________________________________

Signature ___________________________________________ Date _______________________________

Please bring this waiver to the first day of class. Thank you.


**Health History Questionnaire & PAR – Q (A Questionnaire for People Aged 15 – 69)**

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:

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<th>YES</th>
<th>NO</th>
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<tr>
<th>If you answered: YES</th>
<th>YES to one or more question</th>
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<td>Talk to 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.</td>
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<td>• 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.</td>
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<td>• Find out which community programs are safe and helpful for you.</td>
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<th>NO to all questions</th>
<th>Delay becoming much more active:</th>
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<td>If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:</td>
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<td>• Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.</td>
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<td>• 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.</td>
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<td>Delay becoming much more active:</td>
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<td>• If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or</td>
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<td>• If you are or may be pregnant – talk to your doctor before you start becoming more active.</td>
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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.
UVM CAMPUS RECREATION MEDICAL RELEASE FORM

(If you answered YES to one or more questions on the PAR-Q form, please make an appointment to speak with your doctor. Have him or her complete this form. Return this form and all other paperwork completed the first day of class).

Dear Physician:

Your patient, ____________________________, (Please Print Name) wishes to start an instructional recreation fitness-training program at the University of Vermont Department of Campus Recreation.

The activity could be of a variety of types, frequencies, durations, and intensities.

Please identify any recommendations or restrictions that are appropriate for this patient in this exercise program:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

If your patient is taking medications that will affect their response to exercise, please indicate the manner of the effect (i.e. raises, lowers or has no effect on heart-rate response):

Type of medication(s): ____________________________

Effects: __________________________________________________________________________

[Print Patient Name] ___________________________________ has my approval to begin an exercise program with the recommendations or restrictions stated above.

Physician’s Name: ____________________________ Date ______________

Physician’s Signature: ____________________________ Phone ______________

If you have any questions, please contact:
Shelby Hinkle Smith
Associate Director of Campus Recreation, Programs
Phone: 802-656-7703
Fax: 802-656-7686
shinkles@uvm.edu

Revised Fall 2012
Participants aged 70 or above must sign the following declaration:

Declaration (Please mark a “√” in one of the following boxes)

I hereby declare that:

☐ I am a frequent participant in fitness activities and am capable of participating in this fitness activity. Therefore, I do not need to produce any medical certificate to prove that I am able to participate in this activity. The University of Vermont Campus Recreation shall not be liable for any injury or death I may suffer in this activity. I understand that if I have any doubts about my ability, I should consult a doctor before taking part in the activity.

☐ I am not a frequent participant in fitness activities. However, I have been examined by a doctor and certified as physically fit for participating in this activity. A copy of the medical certificate is attached for reference.

Signature of Participant: ________________________________

Name of Participant (Print in block letters) ________________________________

Date: ________________________________

Revised Fall 2012