



bpfitnesscenter.net

832-619-2244 832-664-4568 WL1, First Floor Helios Plaza, First Floor

## **Visitor Par-Q\***

Name:_		Date:	
Office A	address (city, country, etc.):	Cell Phone#	
Are you	a member of another bp Fitness Facility	(company sponsored) and if so where?	
Are you	a member of a commercial fitness facilit	y or club? If so, where?	
Reason	for your visit/sponsor you are visiting or	the Westlake Campus:	
Length (	of visit?		
The follo healthy, safe for	and increasingly more people are becoming	uestionnaire (PAR-Q) mended. Regular physical activity is fun and g active every day. Being more active is very uld check with their doctor before they start	
the Hous		looking to continue that activity while visiting you if you should check with a doctor before	
	n sense is your best guide when you answer and answer each one honestly: check Yes	er these questions. Please read the questions or No.	
Yes No	Has your doctor ever said that you have do physical activity recommended by a commended by	a heart condition and that you should only 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 that could be made worse by a change in your physical activity?
	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
	7. Do you know of any other reason why you should not do physical activity?
• \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	swered 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 assessment. 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 that 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 fitness/exercise programs are safe and helpful for you.
• §	swered No honestly to all PAR-Q questions, you can be reasonably sure that you can: Start becoming more physically active – begin slowly and build up gradually. This is the safest and easiest way to go. Take part in the fitness assessment (like the one provided by the BP Fitness Center) – this is an excellent way to determine your basic fitness level so that you can plan the best way or you to live actively.
DELAY E	BECOMING MUCH MORE ACTIVE:
ι	f you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or f you are or may be pregnant – talk to your doctor before you start becoming more active.
	ote: If your health changes so that you then answer YES to any of the above questions, fitness or health professional. Ask whether you should change your physical activity plan.
	ad, understood and completed this questionnaire. Any questions I had were answered to atisfaction.
Name	
Signature	e Date
Witness	

## bp fitness Activity Informed Consent Form and Waiver of Liability

(Including all subsidiaries and affiliates)

I acknowledge that I have voluntarily elected to participate in this activity. I understand that during this program or event(s), I may become injured, become ill, or suffer accidental death because of participation in this activity. I represent that I am in good health, and have no disability, impairment, injury, disease or ailment preventing me from engaging in active or passive physical activity or which would cause increase risk or injury or adverse health consequences as a result of physical activity.

If necessary based on my health condition, I have consulted my physician prior to participating in this activity. I understand and agree that I am solely responsible for abiding by my physicians' recommendations regarding my health condition.

I hereby grant Optum permission to take whatever action may be deemed necessary in the event of an emergency occurring while I am participating in this program or event, including but not limited to calling emergency personnel for assistance.

I, the undersigned participant, voluntarily and with full knowledge of the risks involved in the program or event(s), for myself, my executors, administrators, heirs, next of kin, successors and assigns hereby waive and release Optum including all subsidiaries and affiliates, and their employees and agents from any and all claims, potential claims, damages, court costs or attorney's fees that may arise in whole or in part, directly or indirectly, from my participation in or as a result of the program or event(s).

I further indemnify and hold harmless Optum including all subsidiaries and affiliates, their employees and agents from any such claim that I or my executors, administrators, heirs, next of kin, successors or assigns may have or assert for damages, court costs or attorney's fees with respect hereto.

I have read the foregoing and I fully understand it and agree to these provisions.

Participant's Name (Print):	<del></del>
Participant's Signature:	Date:
In case of emergency, please contact:	Phone:
(To be signed by parent/guardian if participant is	s under 18 years of age)
I represent that I have legal capacity to act on be	ehalf of the minor named herein:
Parent/Guardian Signature:	Date: