

# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE



MEMBER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTH CARE PROVIDER'S NAME: \_\_\_\_\_

Please read the questions below carefully, and answer each one honestly. Please check YES or NO.

- Yes     No    Has your health care provider ever said that you have a heart condition and that you should only do physical activity recommended by a health care provider?
- Yes     No    Do you feel pain in your chest when you do physical activity?
- Yes     No    In the past month, have you had chest pain when you were not doing physical activity?
- Yes     No    Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes     No    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?
- Yes     No    Is your health care provider currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes     No    Do you know of any other reason why you should not do any physical activity?

If you answered "yes" to any of the above, please explain: \_\_\_\_\_

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## Participation Waiver and Release Agreement

As a participant in activities (including fitness, the pool, the woodshop and corresponding equipment) and programs offered by Evergreen Commons I do hereby acknowledge that I am voluntarily participating. I recognize that in any activity or program there may be certain risks of injury to myself. I declare that my health and physical condition is adequate to meet the physical requirements of the activities and programs in which I may participate.

I agree to hold Evergreen Commons, its respective agents, representatives, instructors, volunteers, elected officers and employees harmless and indemnify them from any and all claims for damages to person or property arising from participation in fitness activities.

In the event of an emergency I authorize Evergreen Commons to secure medical treatment deemed reasonable and necessary for my immediate care and I agree that I will be responsible for payment of any medical services rendered to me.

I hereby give my permission for Evergreen Commons to use my photo in its publications and for the purposes of public relations.

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

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

Print Name: \_\_\_\_\_

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