

Name: _____ Date : _____

(Please print)

Male: _____ Female: _____ Student: _____ Faculty/Staff: _____

WELLNESS ACTIVITY REGISTRATION FORM

Please read and fill out all pages completely

In an attempt to secure the safety and well-being of its participants, the Office of Campus Recreation and Wellness (CRW) is issuing a Participation Activity Readiness Questionnaire (PAR-Q) and liability form that must be filled out by any participant wishing to take a class. This will allow CRW to maintain an accurate account of its constituents.

All faculty, staff, and students must fill out these forms and place them in the envelope provided inside Thompson Hall Studio, or for a quicker response return them to:

The Department of Campus Recreation and Wellness, Landon 112

If you have any questions regarding this process, please e-mail: wellness@mail.barry.edu or call 305-899-3063

In order to participate on a drop-in basis, these forms must be on file, and your name must be on the drop-in list.

OFFICE OF CAMPUS RECREATION & WELLNESS RELEASE AND LIABILITY WAIVER

_____ In consideration of instruction received in **Wellness Activities**, I _____
Initials (Please print)

Intending to be legally bound, do hereby, for myself, my family, my heirs, executors, and administrators, waive, release, hold harmless and forever discharge any and all rights any and all rights and claims for damages which I may have or which may hereafter accrue to me against Barry University or its respective officers, employees, agents, representatives, successors, and or assign (hereinafter referred to as releasees) for any and all claims and liability damage, injury, debt, or property damage arising out of any cause whatsoever in connection with my participation in **Wellness Activities** such as muscle strains/cramps/sprains/pulls, cuts, bruises, heat exhaustion or stroke, DOMS (Delayed Onset Muscle Soreness), dehydration, or death due to cardiovascular complication as a result of physical over-exertion, (which in and of themselves do not constitute an exhaustive list) OR potential accidents and injuries which may arise out of my traveling to or participating in and returning from any off-campus meetings of **Wellness Activities**.

_____ I understand that it is my responsibility to inspect all equipment which may be provided by the University to
Initials ascertain it useable condition.

_____ I hereby certify that I am in good health and am fit for participation in and have attached a medical form in
Initials support of my certification.

_____ I hereby covenant to help releasees harmless and indemnify releasees for any claim, judgment, or expenses
Initials releases may incur arising out of my activities in **Wellness Activities**.

_____ I hereby personally assume all risk for harm, personal injury, property damage, or wrongful death that may
Initials result from my participation in **Wellness Activities**. I further state that I am of legal age and am legally competent to sign this affirmation and release, or that I have acquired the written consent of my parents or guardians; that I understand the terms herein are contractual and are not a mere recital; and that I have signed this document of my own free act.

I UNDERSTAND AND HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AFFIRMATION AND RELEASE BY READING IT BEFORE I SIGNED IT.

Signature of Participant: _____ Date: _____

PAR-Q & YOU

(A questionnaire for people aged 15 to 69)

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

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.

TAKE THE PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
Yes _____ No _____
2. Do you feel pain in your chest when you do physical activity?
Yes _____ No _____
3. In the past month, have you had chest pain when you were not doing physical activity?
Yes _____ No _____
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
Yes _____ No _____
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
Yes _____ No _____
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
Yes _____ No _____
7. Do you know of any other reason why you should not do physical activity?
Yes _____ No _____

IF YOU ANSWERED **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 appraisal. 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 which 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 community programs are safe and helpful for you.

IF YOU ANSWERED **NO** TO ALL QUESTIONS:

IF YOU ANSWERED NO HONESTLY TO ALL QUESTIONS YOU CAN BE REASONABLY SURE THAT YOU CAN:

- Start becoming much more physically active -- begin slowly and build up gradually. This is the safest and easiest way to go.
- 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.

**** Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**** Reprinted from the 1994 revised version of the Physical Activity Readiness Questionnaire (PAR-Q and YOU).** The "PAR-Q and YOU" is a copyrighted, pre-exercise screen owned by the Canadian Society for Exercise Physiology.

(Print Name/ Signature)

(Date)

(Witness Signature)

(Date)

STANDARD CONSENT AND RELEASE

DATE _____

I, the undersigned, acknowledge that I am over 18 years old and hereby give full permission irrevocably and in perpetuity to Barry University, its successors, assigns, subsidiaries, and affiliated companies, if any, its advertising agencies and all others acting for or on behalf of the foregoing, including any publisher (all hereinafter called "Grantee"), to make, reproduce, broadcast or telecast, publish, or otherwise use throughout the universe (either alone or in conjunction with other materials) as well as for any videotape or motion picture film footage on which I appear, any photographs, film soundtrack recordings, films and/or kinescopes, incorporating my photo, likeness and/or voice or one or more of them, either in whole or in part, prepared or to be prepared hereinafter at any time, and from time to time and in any manner or in any media whatsoever for purposes of trade and advertising including, but not limited to, print, radio, television, or motion pictures. It is understood that I am not entitled to remuneration/compensation of any kind.

It is understood that the Grantees may use said material with or without my name, and with or without testimonial copy or other material, if any, furnished by me, including the right to make changes or alterations in same.

I further waive any right to approval with respect to use of said materials and hereby release and discharge Grantees from any claim or liability (including without limitation, invasion of privacy or defamation of character) based upon such use or any blurring, distortion, alteration, optical illusion, or use in composite form whether or not intentional, or any other circumstances that may occur in the production, dissemination, or use of said material.

Name (please print) _____
First Last

Address _____
Street Apt. #

City State ZIP Phone

Major (if applicable) _____ Campus (if applicable) _____

Signature _____

PARENTAL CONSENT

If the student is under the age of 18, his/her parent or legal guardian must also sign.

I, _____ (printed name), am the parent or legal guardian of the student who has signed above. I have read and understand the provisions of this document, I consent to the student participating as described above, and I fully enter into and agree to the above Consent and Release and forever waive any rights therefrom.

Signature of Parent or Legal Guardian

Date

FOR OFFICE USE ONLY

Photo Shoot Requested By _____
Name School or Dept. Phone #

Publication _____ URL _____

Date of Shoot _____ Location _____