

Name \_\_\_\_\_ Date \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Student \_\_\_\_\_ Faculty/Staff \_\_\_\_\_

**WELLNESS ACTIVITY REGISTRATION FORM**  
**\*\*\*Please read and fill out 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 participate in 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 return them to the instructor OR hand deliver them to: **The Department of Campus Recreation and Wellness, Landon 112**

If you have any questions regarding this process, please email: [wellness@barry.edu](mailto:wellness@barry.edu) or call 305-899-4776

In order for Faculty and Staff to participate in a drop-in Basis, these forms must be on file, and you must have a sticker on your valid Barry ID Card

**OFFICE OF CAMPUS RECREATION & WELLNESS RELEASE AND LIABILITY WAIVER**

\_\_\_\_\_ In consideration of instruction received in WELLNESS ACTIVITIES, I \_\_\_\_\_.  
Initials (Please Print)

do hereby, myself, as well as my family, my heirs, executors, and administrators, waive, release, hold harmless and forever discharge any and all rights and claims for damages against Barry University or its respective officers, employees, agents, representatives, or successors. I release any and all claims for liability damage, injury, debt, or property damage arising out of any cause whatsoever in connection with my participation in Wellness Activity. This includes but is not limited to: muscle strains/cramps/sprains/pulls, cuts, bruises, heat exhaustion, or stroke, DOMS (Delayed onset Muscles Soreness), dehydration, or death due to cardiovascular complications as a result of physical over-exertion or potential accidents and injuries which may arise out of my traveling to or participating in and returning from and off-campus **Wellness Activities**.

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

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

\_\_\_\_\_ I hereby covenant to release any claim, judgment, or expenses that may incur arising from my activities in **Wellness Activities**.  
Initials

\_\_\_\_\_ I hereby personally assume all risk for harm, personal injury, property damage, or wrongful death that may result from my participation in **Wellness Activities**. I further state that I am of legal age and am legally competent to sign the 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.  
Initials

**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.

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(Print Name/ Signature)

(Date)

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(Witness Signature) (Date)

**ISR/CRW PARTICIPANT-CONTACT INFORMATION**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**STUDENT/STAFF BARRY ID #** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE NUMBER:** \_\_\_\_\_

**NOTES:**

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