

# Participant Release & Agreement

Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_  
M D Y

Address: \_\_\_\_\_  
Street City State Zip Code

Email address: \_\_\_\_\_

Phone: (c) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

How do you prefer to receive reminders? (circle one) Email / Text / Both

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

## PARTICIPANT RELEASE AND AGREEMENT

(updated 9/2020 for online training and infectious disease risks)

I wish to participate in strenuous exercise activities led by XO Fitness, LLC (XO Fitness). I understand there are inherent risks in participating in strenuous exercise including possible exposure to an infectious disease. I have reviewed and/or completed the Physical Activity Readiness Questionnaire (PAR-Q). I acknowledge that it is my responsibility to obtain physician's approval if I have answered "Yes" to any of the PAR-Q questions or if I am a male over the age of 45 or I am a female over the age of 55 before I participate in exercise. I agree that participation is my choice alone and it is my responsibility to inform XO Fitness of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury to myself and others. Further, I agree it is my sole responsibility to ensure the safety of my workout environment and equipment if training online and if training in person, to alert my trainer if I become aware of unsafe conditions.

I agree that XO Fitness shall not be liable or responsible for any injuries to me, my family or acquaintances resulting my presence or participation in XO Fitness led exercise activities; and I release and will indemnify and hold harmless XO Fitness, its owners, lessors, employees, agents, clients and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation or presence, including an injury or injuries caused by the negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns.

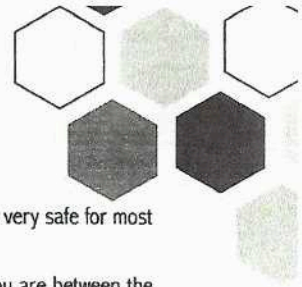
I have read this release and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Signature\* \_\_\_\_\_  
(\*If age <18, a guardian must sign)

Date \_\_\_\_\_

# PAR-Q AND YOU

(A Questionnaire for People Aged 15 to 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: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. 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?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason why you should not do physical activity</u> ?

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.

## NO to all questions

If you answered NO honestly to all PAR-Q 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. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**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.

**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.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT  
or GUARDIAN (for participants under the age of majority) \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**



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