

# WellWorks VISITOR WAIVER



The WellWorks Visitor Waiver permits individuals who are interested in WellWorks to *participate* in an exercise session at our facility. After responding to the questions below, a Visitor Pass will be issued, provided there are no medical contraindications to you exercising safely. For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might not be appropriate or those who should have medical advice concerning the type of activity most suitable for them.

Please read the following questions carefully and check (✓) the YES or NO box opposite the question, as it applies to you.

		YES/NO	
1.	Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a 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 <u>any other reason</u> why you should not do physical activity?		
8.	Are you a male over 40 years old, or a female over 50 years old?		

If you answered each question with "NO," continue reading the waiver below and sign your name at the bottom.

If you answered "YES" to any questions, you will have to fill out an additional form (Medical History Form). Individuals with **two or more** major coronary artery disease risk factors will not be permitted to exercise.

In consideration of accepting the WellWorks Visitor Pass, I, my heirs, executors, administrators and assigns, waive and release any and all of my rights and claims for damages I may have against Ohio University, WellWorks, and their officers, agents, sponsors, and employees for any and all injuries suffered during the visit. I understand that certain risks exist by participating in the program and I have knowledge of these risks.

Name: (Please <b>print</b> )	
Signature:	
Date:	
E-mail:	