



YOUTH 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 contradictions to your 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 be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Please read the following questions carefully and “X” the YES or NO box as it applies to you.

		YES	NO
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?		
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 any other reason why you should not do physical activity?		

If you answered each question with "no," continue by reading the waiver below and signing your name at the bottom. If you answered "yes" to any questions, you will not be able to participate in WellWorks as a visitor. For your own safety, you will need to see your doctor before increasing your physical activity.

In consideration of accepting this WellWorks Visitor Pass, I, my heirs, executors, administrators and assigns, waive and release any and all 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.

Youth's Name:	
Age:	
Date of Birth:	
Home Address:	
Home Phone:	
Emergency Contact Person:	
Emergency Phone Number:	

Signature: _____

Signature (parent/guardian): _____ Date: _____

****Youths cannot use the facility unless this form is signed by a parent/guardian.***