

# Kootenay Cycling

Phone : \_\_\_\_\_ E-mail : \_\_\_\_\_ Age : \_\_\_\_\_

## **Physical Activity Readiness Questionnaire**

For most people physical activity should not pose any problem or hazard. The PAR-Q has been designed to identify the small number of adults who should have medical advice concerning the type of activity most suitable for them. Spinning is a self regulating physical activity, but a few questions will need to be answered to ensure that both Kootenay Cycling and the participant do not expose themselves to the physical activities that are carried out. Common sense is your best guide in answering these few questions. Please read them carefully and answer as most appropriate to you.

HAS YOUR DOCTOR EVER SAID YOU HAVE A HEART CONDITION AND THAT YOU SHOULD ONLY DO PHYSICAL ACTIVITY RECOMMENDED BY A DOCTOR? **Yes/No**

DO YOU HAVE PAINS IN YOUR CHEST WHEN YOU DO PHYSICAL ACTIVITY? **Yes/No**

IN THE PAST MONTH, HAVE YOU HAD CHEST PAIN WHEN YOU WERE NOT DOING PHYSICAL ACTIVITY? **Yes/No**

HAVE YOU BEEN DIAGNOSED WITH HIGH BLOOD PRESSURE, HEART DISEASE, RISK OF STROKE, OR STRESS RELATED CONDITIONS **Yes/No**

DO YOU LOSE YOUR BALANCE BECAUSE OF DIZZINESS OR DO YOU EVER LOSE CONSCIOUSNESS? **Yes/No**

DO YOU HAVE A BONE OR JOINT PROBLEM THAT COULD BE MADE WORSE BY A CHANGE IN PHYSICAL ACTIVITY? **Yes/No**

IS YOUR DOCTOR CURRENTLY PRESCRIBING DRUGS (FOR EXAMPLE, WATER PILLS) FOR YOUR BLOOD PRESSURE OR HEART CONDITION? **Yes/No**

HAS YOUR DOCTOR EVER ADVISED YOU TO NOT PARTICIPATE IN ANY SPORTS, EXERCISE PROGRAM OR RECREATIONAL ACTIVITY AS A RESULT OF ABOVE CONDITIONS? **Yes/No**

IS THERE ANY OTHER MEDICAL REASON YOU CANNOT PARTICIPATE IN THIS OR CERTAIN ASPECTS OF ANY EXERCISE PROGRAM? **Yes/No**

If **YES**, please explain :

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If you answered YES to one or more questions, it is recommended that you consult with your personal physician by telephone or in person before increasing your physical activity. Tell your physician what questions you answered YES to on the PAR-Q. Seek advice from your physician as to your suitability for:

- Increased physical activity

If you answered NO to all questions, you have a reasonable assurance of your present suitability for:

- a controlled spinning fitness / running class

**WAIVER** : I certify that I am cognisant of inherent dangers and risks associated with all sport and particularly spinning bike / running activities. In consideration of joining Kootenay Cycling, I the undersigned, intend to be legally bound, hereby, for myself, my family, my heirs, executors and administrators, forever waive, release and discharge any and all rights and claims for damages and cause of suit or action, that I may at any time have against Kootenay Cycling, Kristy Keus or other certified fitness/spin instructors, volunteers and sponsors of the sessions, for any and all injuries suffered by me as a result of participating in this fitness class

SIGNATURE: \_\_\_\_\_ DATE : \_\_\_\_\_