



City of Richmond

Informed Consent & Permission Form: Youth Fitness Centre Access

Community Services Division
6911 No. 3 Road, Richmond, BC V6Y 2C1

**THIS IS AN IMPORTANT DOCUMENT. PLEASE HAVE SOMEONE TRANSLATE IT FOR YOU.
CE DOCUMENT EST IMPORTANT, Veuillez LE FAIRE TRADUIRE.**

這是重要的通告，希請人譯讀。
ਮਿਤ੍ਰ ਪ੍ਰਦਰਸ਼ਕੁਗੀ ਸੂਚਨਾ ਹੈ। ਇਹ ਆਪ ਦੀ ਸੇਵਾ ਤੋਂ ਮਿਤ੍ਰਾਂ ਦੀ ਸੱਭਾ ਅਨੁਕਾਰ ਹੈ।

Informed Consent Waiver, Release, and Indemnity Form

BY SIGNING THIS DOCUMENT, YOU AND YOUR CHILD'S LEGAL RIGHTS MAY BE AFFECTED.

PLEASE READ CAREFULLY!

The City of Richmond requires completion of this document by a parent or legal guardian prior to participation as a reminder and confirmation of their duty to inform themselves of the risks normal to the activity they have chosen for the youth (13–18 years) participant and of their responsibility to carefully consider those risks against their personal knowledge of the ability and experience of the youth. This is for the protection of the youth participant, other participants, and the City.

Youth may visit the city's Fitness Centres provided that:

- I. they are 13 years or older. Proof of age may be required.
 - II. they have an active membership, visit card, or paid a single admission.
 - III. they have completed a PAR-Q+ prior to participation.
 - IV. youth 13–15 years of age must attend a mandatory Fitness Centre Orientation. Youth 16–18 years of age do not have to attend an orientation provided they have previous weight training experience.

IMPORTANT: Submit all completed forms prior to your first visit to the reception desk at the facility of your choice.

PARENT AND/OR LEGAL GUARDIAN TO INDEMNIFY AND SAVE HARMLESS:

The parent or guardian shall indemnify and save harmless, the City of Richmond, the City's Personnel and the Facility from and against any and all losses, claims, actions, damages, liability, costs or expenses, including legal fees, on an indemnity basis, claims for personal injury or death, property damage, or any other loss or damage arising out of the youth's participation in any City program or activity.

PARENT AND/OR LEGAL GUARDIAN TO RELEASE AND WAIVE CLAIMS:

That on behalf of myself, my heirs and assigns, assume full responsibility for their participation. I hereby waive any and claims against the City of Richmond, their employees and authorized agents and release and discharge them, their successors and assigns, from any and all actions, causes of action, claims and demands which may arise out of any incident, accident, or other occurrence that may result in personal or bodily injury, loss of life, property loss, or any other damages to any person.

A. PARTICIPANT INFORMATION:

Last Name: _____ First Name: _____

Address: _____ Postal Code: _____

Phone: _____ Date of Birth: _____ (dd/mm/yy) Age: _____

PARENT OR GUARDIAN

Last Name: _____ First Name: _____

Phone: _____ Cell: _____

Email: _____

PARTICIPANTDo you have previous experience strength training? Yes No

If yes, from where or with whom? (e.g. sport coach, school, personal trainer, etc.): _____

If you responded "no" to the above, please contact the facility of your choice to book an orientation prior to your first visit.**PARTICIPANT**

I/we have read, understand and agree to the Informed Consent and Permission Form.

INITIAL HERE

PARENT OR GUARDIAN

I/we have reviewed the Informed Consent and Permission Form with my/our child and have instructed my/our child to listen to and follow the instructions provided.

INITIAL HERE

DATED THIS _____ day of _____, 20_____.

Signature of Parent/Guardian: _____

OFFICE USE – ORIENTATION COMPLETED

Date (dd/mm/yy):	Trainer Initials:
Entered in Xplor Recreation (dd/mm/yy):	Clerk Initials:

PAR-Q+

The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

 If you answered **NO** to all of the questions above, you are cleared for physical activity.

Please sign the **PARTICIPANT DECLARATION**. You do not need to complete Pages 2 and 3.

- ▶ Start becoming much more physically active – start slowly and build up gradually.
- ▶ Follow Global Physical Activity Guidelines for your age (<https://www.who.int/publications/item/9789240015128>).
- ▶ You may take part in a health and fitness appraisal.
- ▶ If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
- ▶ If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

 If you answered **YES** to one or more of the questions above, COMPLETE PAGES 2 AND 3.

Delay becoming more active if:

- ✓ You are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
- ✓ You are pregnant. In this case, talk with your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- ✓ Your health changes. Answer the questions on Pages 2 and 3 of this document and/or talk to your health care practitioner, physician, or qualified exercise professional before proceeding with any physical activity program.

PAR-Q+

FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c

If **NO** go to question 2

- 1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? **YES** **NO**
(Answer **NO** if you are not currently taking medications or other treatments)
-
- 1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? **YES** **NO**
-
- 1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? **YES** **NO**
-

2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b

If **NO** go to question 3

- 2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? **YES** **NO**
-
- 2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? **YES** **NO**
-

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d

If **NO** go to question 4

- 3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? **YES** **NO**
(Answer **NO** if you are not currently taking medications or other treatments)
-
- 3b. Do you have an irregular heart beat that requires medical management? **YES** **NO**
(e.g., atrial fibrillation, premature ventricular contraction)
-
- 3c. Do you have chronic heart failure? **YES** **NO**
-
- 3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? **YES** **NO**
-

4. Do you currently have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b

If **NO** go to question 5

- 4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? **YES** **NO**
(Answer **NO** if you are not currently taking medications or other treatments)
-
- 4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? **YES** **NO**
(Answer **YES** if you do not know your resting blood pressure)
-

5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e

If **NO** go to question 6

- 5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? **YES** **NO**
-
- 5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. **YES** **NO**
-
- 5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? **YES** **NO**
-
- 5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? **YES** **NO**
-
- 5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? **YES** **NO**
-

PAR-Q+

- 6. Do you have any Mental Health Problems or Learning Difficulties?** This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome

If the above condition(s) is/are present, answer questions 6a-6b

If **NO** go to question 7

- 6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? **YES** **NO**
(Answer **NO** if you are not currently taking medications or other treatments)

- 6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? **YES** **NO**

- 7. Do you have a Respiratory Disease?** This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure

If the above condition(s) is/are present, answer questions 7a-7d

If **NO** go to question 8

- 7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? **YES** **NO**
(Answer **NO** if you are not currently taking medications or other treatments)

- 7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? **YES** **NO**

- 7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? **YES** **NO**

- 7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? **YES** **NO**

- 8. Do you have a Spinal Cord Injury?** This includes Tetraplegia and Paraplegia

If the above condition(s) is/are present, answer questions 8a-8c

If **NO** go to question 9

- 8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? **YES** **NO**
(Answer **NO** if you are not currently taking medications or other treatments)

- 8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? **YES** **NO**

- 8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? **YES** **NO**

- 9. Have you had a Stroke?** This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event

If the above condition(s) is/are present, answer questions 9a-9c

If **NO** go to question 10

- 9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? **YES** **NO**
(Answer **NO** if you are not currently taking medications or other treatments)

- 9b. Do you have any impairment in walking or mobility? **YES** **NO**

- 9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? **YES** **NO**

- 10. Do you have any other medical condition not listed above or do you have two or more medical conditions?**

If you have other medical conditions, answer questions 10a-10c

If **NO** read the Page 4 recommendations

- 10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? **YES** **NO**

- 10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? **YES** **NO**

- 10c. Do you currently live with two or more medical conditions? **YES** **NO**

PLEASE LIST YOUR MEDICAL CONDITION(S) AND ANY RELATED MEDICATIONS HERE: _____

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

PAR-Q+

If you answered **NO** to all of the FOLLOW-UP questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the PARTICIPANT DECLARATION below:

-  It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
-  You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
-  As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
-  If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.

If you answered **YES** to one or more of the follow-up questions about your medical condition:

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+** at www.eparmedx.com and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

Delay becoming more active if:

-  You are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
-  You are pregnant. In this case, talk to your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes. Talk to your health care practitioner, physician, or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.

- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____

DATE _____

SIGNATURE _____

WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact

www.eparmedx.com
Email: eparmedx@gmail.com

Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). *Health & Fitness Journal of Canada* 4(2):3-23, 2011.

Key References

1. Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. *APNM* 36(S1):S3-S13, 2011.
2. Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. *APNM* 36(S1):S266-s298, 2011.
3. Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. *British Columbia Medical Journal*. 1975;17:375-378.
4. Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Canadian Journal of Sport Science* 1992;17:4 338-345.

The PAR-Q+ was created using the evidence-based AGREE process (1) by the PAR-Q+ Collaboration chaired by Dr. Darren E. R. Warburton with Dr. Norman Gledhill, Dr. Veronica Jamnik, and Dr. Donald C. McKenzie (2). Production of this document has been made possible through financial contributions from the Public Health Agency of Canada and the BC Ministry of Health Services. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada or the BC Ministry of Health Services.