

University Recreation

Physical Activity Readiness Questionnaire

Name: _____

Date: _____

Phone: _____

Age: _____

This form has been designed to help identify whether or not you should consult your personal physician before beginning an exercise program.

Please read the following questions carefully and check the appropriate answer. Answer the questions to the best of your ability

Yes No

- _____ _____ 1. Have you ever had a stroke, heart attack, or heart surgery?
- _____ _____ 2. Do you frequently suffer from chest pain?
- _____ _____ 3. Have you ever been told that you have a heart or blood vessel problem?
- _____ _____ 4. Have you ever been told that you have a bone, joint or muscle problem that could be made worse by physical activity?
- _____ _____ 5. Do you have any major illnesses that could be made worse by physical activity?
- _____ _____ 6. Are you over the age of 45 and just beginning an exercise program?
- _____ _____ 7. Do you have a blood pressure greater than 140/90 or a cholesterol higher than 240 mg/dl?

If you answered "Yes" to any of the above questions, it is recommended that you receive medical clearance from your personal physician before participating in any physical activity.

Exercise Participation Agreement

I have voluntarily chosen to participate in fitness activities involving physical exercise offered by University Recreation, Western Michigan University. I answered the medical questions above to the best of my ability and affirm that my physical condition is good and I have no conditions that prevent me from participating in fitness activities. I understand that University Recreation fitness opportunities recommend improving physical fitness through an exercise plan consisting of a gradual warm-up, aerobic exercise, strength development, and a cool-down. I also realize that participation is at my own pace and that I am free to discontinue my participation at any time. Furthermore, I agree to self-limit my exertion through good judgment and to terminate any activity immediately if it exceeds my personal limitations.

I understand that by signing this agreement, I hereby waive and release Western Michigan University, its president, Board of Trustees, staff and employees and any and all persons or organizations involved in any way from any and all claims, liabilities or demands of any kind as a result of an injury, loss, or adverse health condition arising from my participation in fitness programs. I realize that I am not required to participate in physical activity, but do so voluntarily.

I affirm that I have read and fully understand the above document and I wish to participate in fitness activities.

Signature of Participant

Date