



BALANCE IN MOTION

I _____ acknowledge that, by signing this document, I have voluntarily chosen to participate in a program of progressive physical exercise that can enhance the musculoskeletal and cardiorespiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack or death.

By signing this document, I assume all risk for my health and well being and hold harmless of any responsibility, the instructor, facility or any persons involved with this program and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

Please provide 24 hours notice if you wish to cancel or change a scheduled appointment. Failure to provide 24 hours cancellation notice or full compliancy in your active rehabilitation program will result in ICBC being notified, and may delay approval or loss of approved sessions.

Failure to no-show for 3 or more sessions will result in suspension of your program and ICBC notified.

Signature

Date

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PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of a **PAR-Q** is a sensible first step to take if you are planning on increasing the amount of physical activity in your life. For most people physical activity should not pose a 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. Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question.

- Has your doctor ever said you have heart trouble? **Yes | No**
- Do you frequently have pains in your heart or chest? **Yes | No**
- Do you tend to lose consciousness or fall over as a result of dizziness? **Yes | No**
- Do you have a bone or joint problem that could be or has been aggravated by exercise? **Yes | No**
- Has your doctor ever recommended medication for your blood pressure or a heart condition? **Yes | No**
- Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision? **Yes | No**
- Are you over the age of 65 and not accustomed to vigorous exercise? **Yes | No**

If you answered YES to one or more of the above questions:

Have you consulted with your physician regarding increasing your physical activity and/or performing a fitness assessment? **Yes | No**

_____ Initials

If you answered no to question 8, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment? **Yes | No**

_____ Initials

Signature

Date