



City of Boulder Parks and Recreation

Fitness and Wellness Intake Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Where did you hear about this service? _____

What is your primary goal(s)? _____

Are you currently exercising regularly? If so, for how long and what activities do you do? _____

How much time are you willing to commit to an exercise program? _____

What types of exercise interest you? _____

Are you currently taking any medications (if so please list) _____

Cancellation and Refund Policy

If the student cancels more than 24 hours prior to the lesson, he or she will have the opportunity to reschedule the personal training session and will not be charged. **However, if a private training session is cancelled within 24 hours, or a student does not arrive for the lesson within 15 minutes of the start time, no refund will be issued under any circumstances.** Refunds are given only at program coordinator discretion.

I read, understand and agree with the cancellation and refund policies.

Signature: _____ Date: _____

participant or parent/guardian (if participant under age 16)

Trainer Use Only

Trainer Name: _____

Session/Sessions purchased (circle): _____ # of sessions purchased

One-on-One Training Semi-private Training Nutrition Coaching Employee Wellness

Pre-reg course (please list) _____



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PAR-Q: Physical Activity Readiness Questionnaire

For most people physical activity should not pose any problem or hazard. The physical activity readiness questionnaire 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 when you answer these questions. Please read the questions carefully and answer each one honestly.

	YES	NO
1. Has your doctor ever said that you have a heart condition AND 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 (during activity)?	_____	_____
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 YES to one or more questions...

Talk with your doctor and have them fill out a Medical Clearance form (available online or at any center front desk) BEFORE you participate in a personal fitness training session or registration course. Tell your doctor about the PARQ and which questions you answered yes to.

If you answered NO to all the questions...

If you answered NO honestly to ALL the PAR-Q questions, you can be reasonably sure that you can:

- Start becoming more physically active, begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a personal fitness trainer appointment; this is an excellent way to determine your basic fitness so you can plan the best way for you to live actively.

You should delay becoming more physically active if you are NOT feeling well because of temporary illness such as a cold or a fever OR if you are or may be pregnant please consult your physician before becoming physically active.



City of Boulder Parks and Recreation

As a condition of use of any City of Boulder Parks and Recreation facility or participation in any program, sports league, class, recreation or fitness activity, you agree as a participant or parent/ guardian of a participant in the program, to assume all risks and hazards of engaging in or as a spectator at any city activity or facility, including assuming all risks for personal injury, death and property damage.

You further agree to hold harmless the City of Boulder, its staff, instructors, volunteers, officials, sponsors, partners or representatives from liability for any losses, damages or injuries that may occur in any way as a result of these activities or facility uses – regardless of cause.

You further certify that you are properly prepared to engage in any activities you have selected and that you have recently consulted a physician to establish that it is safe and appropriate for you to engage in these activities.

Participants (or the parents/guardians of minor children) may also be required to complete a medical health history and/ or sign an additional waiver of liability prior to participation in any programs or classes. Anyone recovering from an injury or illness must first discuss their return to physical activity with their physician and Parks and Recreation instructor prior to enrolling/participating.

You further agree that there is risk associated in regard to the COVID-19 pandemic and possible exposure.

Therefore, having read and understood this waiver and in consideration of your accepting my entry into a City of Boulder recreation facility or program, I, for myself and anyone entitled to act on my behalf, waive and release the City of Boulder, all staff, volunteers, sponsors, and representatives from all claims or liabilities of any kind arising out of my participation in (or as a spectator of) any program or use of any facility.

NOTE: If a facility user or program participant is under 18 years of age, you as a parent or legal guardian, agrees to the same terms, conditions and waiver of liability set forth in this agreement.

Signature: _____ Date: _____
participant or parent/guardian (if participant under age 16)



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American College of Sports Medicine Fitness Pre-Participation Screening Questionnaire

Assess your health status by marking all true statements

HISTORY

I have had:

- a heart attack
- heart surgery
- cardiac catheterization
- coronary angioplasty (PTCA)
- pacemaker/implantable cardiac defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease

SYMPTOMS

- Experience chest discomfort with exertion.
- Experience unreasonable breathlessness.
- Experience dizziness, fainting, blackouts.
- take heart medications.

OTHER HEALTH ISSUES

- Experience musculoskeletal problems.
- Have concerns about the safety of exercise.
- Currently takes prescription medication(s).
- Is currently pregnant.

If any statements in this section are marked, a physician or appropriate health care provider should be consulted before engaging in exercise and documentation of this consultation should remain on file.

CARDIOVASCULAR RISK FACTORS

- Male older than 45 years.
- Female older than 55 years or has had a hysterectomy or is post-menopausal.
- Smoke.
- Blood pressure is > 120/80.
- Blood pressure is not known.
- Takes blood pressure medication.
- Blood cholesterol level is > 240 mg/dl.
- Has a close blood relative who had a heart attack; before age 55 if father/ brother or before age 65 if mother/sister.
- Physically inactive.
- > 20 pounds overweight.

If 2 or more statements in this section are marked, a physician or appropriate health care provider should be consulted before engaging in exercise and documentation of this consultation should remain on file.

None of the above (no items from sections 1 and 2 above are true)

Participant should be able to exercise safely without consulting their healthcare provider.



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MEDICAL CLEARANCE FORM

To be used when the completed physical activity readiness and pre-participation questionnaires recommended by the American Heart Association and the American College of Sports Medicine indicate that a participant should seek a physician's approval to participate in an exercise program.

Dear Physician,

Your patient is going to be participating in a City of Boulder Parks and Recreation weight training or fitness class that includes moderate to vigorous exercise. We want to ensure the safety of your patient and ask that you clear him/her for exercise by completing this form and indicating any exercise limitations that you may want to communicate to our nationally certified training staff.

Participant Name: _____ Date of Birth: _____

Address: _____

I hereby certify that I have examined _____ and that he/she was found to be physically fit to engage in a Parks and Recreation physical activity program as stated below with the following restrictions.

If you know of any medical or other reasons why participation in a physical activity/exercise program by the applicant would be unwise, please indicate so on this form.

Report of Physician

- I know of no reason why the applicant may not participate in the physical activity and/or exercise program.
- I believe the applicant may participate, but I recommend the following guidelines and precautions be observed.

- The applicant should NOT engage in the following specific activities.

- I recommend that the applicant NOT participate at this time.

Physician Signature: _____ Date: _____

Clinic: _____ Phone Number: _____



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INFORMED CONSENT AND RELEASE

I have been informed by the instructor of this City of Boulder class or activity that in addition to the risk(s) normally inherent to exercise, my written responses on the PAR-Q indicate that I may be subject to an additional or elevated risk(s) from exercise. I have reviewed my completed PAR-Q with the instructor of this class or activity, who on this basis recommended strongly that I obtain medical clearance from my doctor before participating in this class or activity.

I nonetheless elect voluntarily to participate in this class or activity prior to, or in lieu of, obtaining medical clearance from my doctor. I acknowledge that I have been informed fully of the potential additional risk(s) of my participation in this class or activity. I understand and accept voluntarily these additional risk(s).

I release all claims which may arise against, and agree not to sue, the City of Boulder and its officers, agents, employees and authorized volunteers, on my behalf as a result of participating in this class or activity.

I further agree to indemnify, hold harmless and defend the City of Boulder and its officers, agents, employees, and authorized volunteers from any and all claims by other parties resulting from injuries, damages, and losses caused by me arising out of, connected with, or in any way associated with this class or activity.

Name of Class or Activity (Print) _____

Name of Participant (Print) _____

Signature of Participant _____ Date _____

Parent/Guardian Signature (*if under the age of 16*) _____

Name of City of Boulder Employee _____

Signature of Instructor _____ Date _____