

Waiver of Liability Form www.fitforlivinglife.com c.moos@stanfordalumni.org

I, _____ hereby waive and release, hold harmless and forever discharge Fitforlivinglife.com, Carolyn Moos and all her agents, employees and affiliates of and from all claims, demands, causes of action, damages and liabilities of every kind and nature, arising from or in any way related to my participation in any of the events or activities conducted by fitforlivinglife.com or Carolyn Moos, provided that this waiver of liability does not apply to any gross negligence or intentional or willful misconduct.

I understand that the activities in which I will participate are inherently dangerous and can cause serious injury including bodily injury, damage to personal property and/or death. I waive all claims of injury to my body and or property and death that I may have against the aforementioned person pertaining to such activity, including claims in tort, contract, equity, or otherwise. I acknowledge, agree and represent that I understand the nature of the training and its activities and that I am qualified, in good health, and in proper physical condition to participate in the related activities. I further agree and warrant that if at any time I have questions or feel unsafe, I will immediately discontinue further participation in the activities. My signature is proof of my intention to execute a complete and unconditional waiver and release of all liability to the fullest extent of the law. I am at least 18 years old and am mentally competent to enter into this agreement.

Printed Name _____

Participant Signature _____

Date _____

Referred by: _____

EMERGENCY CONTACT

Name of Emergency Contact:

Relationship:

Telephone number(s):

Physical Activity Readiness Questionnaire (PAR-Q)

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 to increase the amount of physical activity in your life. For most people, physical activity should not pose any problems 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 advise 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 **YES or NO** opposite the question if it applies to you. If yes, please explain following the question.

QUESTIONS PAR-Q Liability Release form:

1. Do you suffer from any cardiovascular disease including high blood pressure?

Yes_____ No _____

If YES, please explain here_____

2. Do you frequently have pains in your heart and chest? Yes_____ No _____

If YES, please explain here_____

3. Do you often feel faint or have spells of severe dizziness? Yes_____ No _____

If YES, please explain here_____

4. Do you smoke? Yes_____ No _____

If YES, please explain here_____

5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise?

Yes_____ No _____

If YES, please explain here_____

6. Do you suffer from any respiratory or metabolic diseases (including asthma or diabetes)?

Yes_____ No _____

If YES, please explain here_____

7. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?

Yes_____ No _____

If YES, please explain here_____

8. Are you male, 45 or older or female, 55 or older and not accustomed to vigorous exercise?

Yes _____ No _____

If YES, please explain here _____

9. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness?

Yes _____ No _____

If YES, please explain here _____

10. Are you currently taking any medications? If YES, please specify. Yes _____ No _____

If YES, please explain here _____

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities.

Print Name _____

Signature _____

Date _____

Phone _____

home _____

mobile _____

E-mail _____