



Modified PAR – Q & YOU

Welcome to our family at Montana Athletic Club (MAC) in Bigfork!

We appreciate you taking the time to answer the eight questions below. Based on your answers, refer to the appropriate box. Common sense is your best guide when answering. Please read the questions carefully and respond honestly.

Check YES or NO

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?
- 5. Do you have a bone or joint problem (for example, back, knee, or hip) 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?
- 8. Are you younger than 16 or older than 69 years of age?

If you answered:

YES to one or more questions, are under the age of 16 or over the age of 69

Talk with your doctor by phone or in person BEFORE you become more physically active or BEFORE you have a fitness evaluation. Talk with your doctor about the PAR – Q and which questions you answered with a YES.

- Start slowly and build up gradually. You may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Before you begin exercising we recommend you meet with a MAC Personal Trainer. He/she will assist you in determining the safest and most effective exercise plan. This is a free service for any new MAC member who signs up for a minimum of 6 months.

NO to all questions

If you answered NO to all PAR – Q questions, you can be reasonably sure that you can:

- Become more physically active – begin slowly and build up gradually.
- Take part in a fitness evaluation – this is an excellent way to determine your fitness level and plan a more active lifestyle. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 140/90 at rest on two or more occasions, talk with your doctor before you become more physically active.



DELAY INCREASED PHYSICAL ACTIVITY:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR – Q: Montana Athletic Club and their agents assume no liability for persons who undertake physical activity, and if any person is in doubt about increasing their physical activity after completing this questionnaire, consult your doctor prior to physical activity.

EXPRESS ASSUMPTION OF RISK: I, the undersigned, hereby expressly and affirmatively state that I wish to participate in exercise and/or activity at Montana Athletic Club (MAC). I am aware that if I answered yes to one or more of the questions on the Modified PAR – Q & YOU form that I am at increased risk for injury or death while participating in exercise or activity at the MAC. I also understand that it is the recommendation of the MAC to speak with my doctor by phone or in person to discuss exercise guidelines or limitations BEFORE I start utilizing the MAC.

I realize that my participation involves risks of injury, including but not limited to strains, sprains, heart attack, stroke or even death. I also recognize that there are many other risks of injury, including serious disabling injuries that may arise due to my participation in these exercises or activities. I understand it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries and even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur by reason of my participation.

Printed Name: _____

Signature: _____ **Date:** _____

I, _____ am the parent or guardian of _____
and execute this release on his or her behalf.

Signature: _____ **Date:** _____