

# PAW-Q

## A questionnaire/waiver

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become a member of Lancaster Parks & Recreation-Olivedale Wellness Center, start by answering the seven questions in the box below. The PAW-Q will tell you if you should check with your doctor before you start. If you are over 64 years of age, and you are not used to being very active, check with your doctor.

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?
5. Do you have a bone or joint problem (i.e., back, knee or hip) that could be made worse by physical activity?
6. Is your doctor currently prescribing drugs (i.e., 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:

Have a "Medical Release" form completed by your doctor BEFORE starting physical activity at Olivedale.

Tell your doctor about the PAW-Q and which questions you answered YES

\* You may be able to do any activity you want-as long as you start slowly and build up gradually. Or 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 advise.

\* Find out which exercise programs are safe and helpful for you.

### NO to all questions:

If you answered NO honestly to all PAW-Q questions, you can be reasonably sure that you can:

\* start becoming much more physically active-begin slowly build up gradually. This is the safest and easiest way to go.

\* take part in a fitness appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### Delay Becoming Much More Active:

\* If you are not feeling well because of 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 this Physical Activity Waiver and Questionare PAW-Q:

The waiver statement on the reverse side of this form must be read and signed before this form is valid and any physical activity can take place.

**NOTE:** This physical activity clearance expires at the same time as your yearly membership and becomes invalid if your condition changes so that you would answer "YES" to any of the seven questions.

*Lancaster Parks & Rec. Health & Fitness Center* WAIVER AND RELEASE OF LIABILITY

Revised

In signing this waiver for participation at Lancaster Parks & Rec. Health & Fitness Center (the "Center") and equipment, I hereby release and covenant not to sue Lancaster Parks and Recreation, Olivedale Senior Center or the City of Lancaster, its past, present and future owners, employees, instructors, agents, representatives, successors and assigns from any and all present and future claims, whether known, unknown, foreseeable or unforeseeable, resulting from ordinary negligence on the part of Lancaster Parks and Recreation, Olivedale Senior Center or the City of Lancaster or others listed for loss, damage or theft of personal property, personal injury or death, arising as a result of using the facilities and equipment and engaging in any activities incidental hereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, executors, administrators or assigns.

Further, I am aware that the Center activities may range from vigorous cardiovascular activity (i.e., aerobics, bicycles, rowers, elliptical), to the strenuous exertion of strength training (i.e., free weights, weight machines). I understand that these and other physical activities in the Center involve certain risks, including, but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks and injury to bones, joints or muscles; risks associated with water-related activities (including drowning) adverse environmental conditions or any other conditions which may cause heat stroke, heat exhaustion, hypothermia, physical contact between participants; injuries related to overexertion; slippery floors; misuse or inexperience with fitness equipment. I am voluntarily participating in such activities with knowledge of dangers involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I also assume full responsibility for inspecting the health and fitness facility prior to its use, and if I choose to use the equipment, I hereby acknowledge that said equipment is in proper working condition and hereby voluntarily assume all risks of loss, damage or injury that may be sustained while using said equipment. I understand the Center may be unsupervised and my participation is independent.

I further agree to indemnify and hold harmless Lancaster Parks and Recreation, Olivedale Senior Center and the City of Lancaster and all others for any and all claims arising as a result of my engaging in health and fitness activities incidental thereto, wherever, whenever or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Ohio and agree that if any portion is held to be invalid, the remainder of the waiver will continue in full legal force and effect. I further affirm that the venue for any legal proceedings shall be in the appropriate state court in Fairfield County, Ohio.

I affirm that I am of legal age and am freely signing this agreement. I do hereby further declare myself to be physically sound and suffering from no disease, infirmity or other illness that would prevent my participation in any of the activities and programs in the Center or the use of any equipment. I do hereby acknowledge that I have answered the PAW-Q honestly and have been informed that I may need a physician's approval for my participation in an exercise/fitness activity or for use of the equipment. I also acknowledge that it is recommended that I consult with my physician prior to participation in physical activity, exercise and use of exercise equipment. If required, I agree that I have obtained my physician's permission to participate and do hereby assume all responsibility for my participation and activities and utilization of equipment and facilities. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies that may be available to me for the ordinary negligence of Lancaster Parks and Recreation, Olivedale Senior Center or the City of Lancaster or any parties listed above.

I do hereby grant and give Olivedale and Lancaster Parks and Recreation the right to use my photograph or image with or without my name, both single and in conjunction with other persons or objects for any and all purposes including but not limited to, private or public presentations, advertising, publicity, and promotion relating hereto. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold Lancaster Parks and Recreation, Olivedale Senior Center or the City of Lancaster harmless of and from any and all liability of whatever nature which may arise from such uses.

**PLEASE SIGN THIS DOCUMENT IN FRONT OF AUTHORIZED STAFF TO WITNESS YOUR SIGNATURE.**

Signature of Participant: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Legal Name—First, Middle Initial, Last)

PRINTED NAME: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Olivedale Staff signature ONLY)