

CHARLESTON SOUTHERN UNIVERSITY

INFORMED CONSENT FOR EXERCISE PARTICIPATION

NAME: _____ **DATE:** _____
 LAST FIRST MI

INFORMATION STATEMENT

Exercise can be very beneficial to one's health. However, participation in any exercise program does have certain risks. To minimize your risks from participation in aerobic dance you will be asked to complete a questionnaire regarding your health and fitness status. The aerobic exercise program will begin at a level you can easily accomplish and will be gradually advance depending on your fitness level. During the program you may stop at any time if you feel the need.

RISKS

Risks of aerobic exercise include muscle soreness, pulled muscles, knee stress, and occasional changes in the rhythm of the heartbeats, abnormal blood pressure, fainting, and in very rare instances heart attack, stroke or death, as in any other moderately strenuous exercise activity. Every effort will be made to minimize possible problems by evaluation of preliminary information relating to your health and fitness and by constant surveillance during the program. Trained personnel are available to deal with unusual situations should they arise.

RESPONSIBILITY OF THE PARTICIPANT

Information you possess about your health status or previous experiences of unusual feelings with physical effort may affect your safety during the program. Your prompt reporting of unusual feelings with effort during the exercise program are of great importance. You are responsible to fully disclose such information when requested by the testing staff.

BENEFITS

Benefits of aerobic exercise are numerous including an improved cardio-respiratory system, better muscle tone, improved muscle strength and endurance, improved flexibility, improved ability of the body to use fat during activity, and increased resting metabolic rate. It also helps to prevent and control diabetes and lowers the risk for cardiovascular diseases.

FREEDOM OF CONSENT

Your permission to participate in this exercise program is voluntary. You are free to withdraw or stop your participation at any point, if you so desire.

I have read this information and I understand the risks and benefits involved in this exercise program. I have had an opportunity to ask questions about exercise program. Accordingly, I hereby consent to participate in the exercise program.

Date: _____ **Signed:** _____

Time: _____ **a.m.** **Witness:** _____
p.m.

PAR - Q & YOU

(A Questionnaire for People Aged 15 to 69)

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 much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 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: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

YES to one or more questions

If
you
answered

Talk with your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-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 advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

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

- start becoming much more physically active — begin slowly and 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 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: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

You are encouraged to copy the PAR-Q but only if you use the entire form

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT
or GUARDIAN (for participants under the age of majority) _____

WITNESS _____

Figure 3.1 PAR-Q. Encourage individuals of various fitness levels to complete this form prior to beginning moderate-intensity exercise.