**SAMPLE Agreement and Release of Liability**

***Nordic Walking – Indoor and Outdoor***

1. In consideration of being allowed to participate in the pole walking fitness training activities and programs of and to make use of its equipment and services, in addition to any payment of any fee or charge, I do hereby forever on my own behalf myself and my family, waive, release and discharge \_\_\_\_\_\_\_\_\_\_\_ personally for the use of any equipment at various sites, including residents place of dwelling or outdoors, provided by and/or recommended by \_\_\_\_\_\_\_ and \_\_\_\_\_\_\_ or/and it's assigned instructors, employees and representatives.
2. I am informed, understand, and am aware that endurance, flexibility, and aerobic exercise, including the use of walking poles are potentially hazardous activities. I also understand and am aware that fitness activities, including those performed on asphalt, gravel, trails and sand, whether wet or dry, involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in this activity with full knowledge, understanding, and appreciation of the dangers involved.

I additionally acknowledge that I have undertaken the following personal obligations as a participant in \_\_\_\_\_\_\_\_\_\_\_ program, including:

* 1. To engage in appropriate pre-exercise warm-up and post-exercise cool-down stretching and flexibility exercises;
  2. To carefully inspect all exercise equipment or modalities prior to use to assure it is in proper working order;
  3. Use exercise equipment or modalities, perform flexibility exercises, perform endurance or balance/stability exercises and aerobic activities only in the manner directed;
  4. Perform activities at the intensity level appropriate for my general health and physical condition;
  5. To immediately cease the activity if I feel dizzy, nauseous, or faint, or experience rapid heartbeat, extreme shortness of breath, headache, or any other physical symptoms which is unusual for me, and advise my instructor of the occurrence of said symptoms;
  6. Discuss with my instructor and my physician any changes in my medical condition which might affect my participation;
  7. Discuss with my physician, health, medical or rehabilitation specialist in advance any concerns he/she may have about my participation Nordic walking.
  8. I agree not to participate in activity with \_\_\_\_\_\_\_\_ and/or \_\_\_\_\_\_\_\_\_\_\_ during any period that I am under the influence of alcohol or drugs or taking any prescription medication unless specifically approved by my physician.

I hereby agree to expressly assume and accept any and all risks of injury or death.

1. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of Nordic walking poles or physical activity, I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs, and use of exercise equipment. I also acknowledge that it has been recommended that I have yearly or more frequent physical examinations and consultations with my physician as to physical activity, exercise, and use of exercise equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the exercise activities, programs, and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs, and use of equipment. I further acknowledge that I have been advised that maintaining good medical insurance coverage is important for all individuals involved in exercise programs and have been encouraged to obtain such coverage.
2. I understand that provision and maintenance of an exercise/fitness program for me does not constitute an acknowledgment, representation, or indication of my physiological well-being, or a medical opinion relating thereto and that I have reached my decision about participation in this program in consultation with my doctor, psychologist, and/or other medical professional.
3. I agree that photographs of me may be taken in connection with my participation in this activity without compensation from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or any other, and consent to the use of these photographs for use in a testimonial of on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**PAR-Q** (Physical Activity Readiness Questionnaire)

For most people physical activity should not pose any problem or hazard. The 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 advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these questions. Please read them and carefully check YES or NO if it applies to you. If you check YES, then please use extra space to explain your answer and give additional detail. Also, if you checked YES, please contact your doctor for permission to participate in this program or decide to participate of your own free will (see #3 above).

1. Do you currently participate in any regular physical activity program designed to improve or maintain your physical health? ❑ YES ❑ NO
2. Do you feel pain in your chest when you do physical activity? ❑ YES ❑ NO
3. In the past month, have you had chest pain when NOT doing physical activity? ❑ YES ❑ NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness? ❑ YES ❑ NO
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? ❑ YES ❑ NO
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? ❑ YES ❑ NO
7. Do you know of any other reason that you should not do physical activity? ❑ YES ❑ NO
8. Do you currently participate in any regular physical activity program designed to improve or maintain your physical health? ❑ YES ❑ NO

Medical Conditions or notes for instructor. Please check if “YES”.

❑ Artificial joints - if YES, which? \_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Osteoporosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Arthritis - if YES, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Pain when walking - if YES, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Fracture(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Back pain - if YES, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain medical conditions further:

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Age: |  |
| Participant Printed Name: |  | Telephone: |  |
| Participant Written Signature: |  | Email: |  |
| Mailing Address (include postal code): |  | | |
| Emergency Contact Name: |  | Phone: |  |