

LEAD-UP

Lifelong Exercise for Adults in Denton: A University Program

Texas Woman's University

HEALTH AND PHYSICAL ACTIVITY AGREEMENT

Before starting an exercise program with Texas Woman's University School of Health Promotion and Kinesiology I, _____, certify to TWU that I have fully and accurately completed the Health and Physical Activity History form presented to me by a TWU LEAD-UP staff member; and that I have provided accurate responses to the questions as indicated on the form or asked by the LEAD-UP staff. I understand that it is important that I provide complete and accurate responses to the interviewer; I acknowledge that Texas Woman's University has relied on my responses in its decisions regarding my personal training program, and I recognize that my failure to give complete and accurate responses could lead to possible injury to myself during the program. I understand that a medical clearance form may be needed by my physician depending upon the responses I give, in accordance to ACSM guidelines.

I have been given the opportunity to ask questions regarding the TWU LEAD-UP Health and Physical Activity History form and my supervised fitness program, and I have received satisfactory answers to those questions.

I have read this Health and Physical Activity Agreement and understand all of its terms. I have provided complete and accurate information to the best of my ability regarding my current and prior physical status, including any pre-existing injuries or special medical conditions.

Participant Signature

Witness Signature

Print Name

Print Name

Date

Date

RELEASE FOR PARTICIPATION

PURPOSE AND EXPLANATION OF PROCEDURES

I, _____, hereby consent to voluntarily engage in the TWU LEAD-UP Program. I will be involved in the program only where I am free to participate in the available exercise activities within the given program hours. The levels of exercise I perform will be based upon my cardiorespiratory fitness (heart and lungs) and my muscular fitness. I acknowledge it is required by the TWU LEAD-UP Program that I am examined by a physician of my choice and obtain his/her approval for my participation in the program. I have been given a medical clearance form to be signed by my physician to authorize me to begin an exercise program, in accordance to ACSM guidelines. Furthermore, within a twelve (12) month period preceding the date of this release, I have not been advised by a physician or other health care professional of any medical condition which would prevent me from participating safely in a physical fitness or conditioning program. I will be given instructions regarding the amount and type of exercise I should perform. I understand that this guidance is provided by TWU students who have no formal certifications or training qualifications. I understand that I am expected to follow my physician's instructions with regard to any exercise and fitness related programs. If I am taking prescribed medications, I have already so informed the TWU LEAD-UP Program and further agree to inform the staff of any changes which my physician or I have made with regard to use of any medications or change in my medical status.

I have been informed that during my participation in the TWU LEAD-UP Program, I will be allowed to engage in the available physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At that point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the staff of my symptoms. I hereby state that I have been so advised and agree to inform the staff of my symptoms, should any develop. I understand that during the program activities or assessments I consent to, physical touching and positioning of my body by the staff may be necessary to assess my muscular and bodily reactions to specific exercises as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

RISKS

It is my understanding and I have been informed that there exists the possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, physical dizziness, disorders of heart rhythm, and, less likely, heart attack, stroke or even death. I further understand and have been informed that there exists the risk of bodily injury including, but no limited to, injuries to the muscles, ligaments, tendons and joints of the body. I have been advised that appropriate efforts will be made to minimize these occurrences by proper assessments of my condition before each session, staff supervision during exercise and by my own control of exercise efforts.

I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, and knowing these risks, it is my desire to participate as herein indicated.

INQUIRIES AND FREEDOM OF CONSENT

I have been given the opportunity to ask questions regarding the procedures of the TWU LEAD-UP Program and I have received satisfactory answers to those questions. I agree that TWU shall not be liable or responsible for any injuries to me resulting from my participation in the TWU LEAD-UP Program (whether at home, a health club or other fitness facility, outdoors, or other public places), and I release and discharge TWU as a whole, its employees, agents and/or administrators or assigns from any claims and suits as a result of any injury or other damage which may occur in connection with my participation in the TWU LEAD-UP Program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and/or other assigns. I have read this form and understand all of its terms. I consent to the rendition of all services and procedures as explained herein by the TWU LEAD-UP Program staff.

Participant Signature

TWU LEAD-UP Staff Signature

Print Name

Print Name

Date

Date

Date: _____

PERSONAL INFORMATION

Name: _____

Date of Birth: _____

Gender: Male/Female Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____

PHYSICIAN INFORMATION (required):

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

PAR-Q QUESTIONNAIRE

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 that could be made worse by a change in your physical activity?
- ___ ___ 6. Is your doctor currently prescribing medication for your blood pressure or heart condition?
- ___ ___ 7. Do you know of any other reason why you should not do physical activity?

HEALTH HISTORY INFORMATION

1. Have you ever been told that you have high blood pressure? _____
If yes, do you know what your blood pressure usually is: _____/_____
2. Have you ever been told that you have high cholesterol? _____
Do you know your cholesterol level: _____
3. Do you currently use tobacco? _____
If yes, how many packs per day? _____ How many dips? _____
4. Do you have a family history of cardiovascular disease (heart disease)? _____
5. Have you ever been diagnosed with any type of cardiovascular disease? _____
If yes, what was the diagnosis? _____
6. Have you been diagnosed with diabetes _____ or borderline diabetes _____?
If yes, How long? _____ Do you monitor your glucose daily? _____
What medication(s) are you currently on for diabetes or borderline diabetes?

7. What medications are you currently taking? (please list all):

8. Do you currently take any vitamin/mineral or herbal supplements? (please list all):

9. What is your current weight? _____ Height: _____
How much did you weigh a year ago? _____ 5 years ago? _____

LIFESTYLE INFORMATION

1. Reasons for joining the TWU LEAD-UP Program? (mark all that apply)

Weight Control/Loss

Staying in Shape

Cardiovascular Conditioning

Increasing Strength

Stress Reduction

Physician request

Improve overall health & well-being

Other: _____

2. Do you drink beer, wine, or any other alcohol? Yes _____ No _____

If yes, what do you drink? _____

How often? _____

3. Do you currently exercise on a regular basis (3-5 times per week)? _____

If yes, how many days? _____

What form(s) of exercise? _____

4. What lifestyle habit(s) would you most like to change?

5. If you had to choose 2 goals for you to initially work towards in LEAD-UP, what would they be?

1. _____

2. _____
