RELEASE & DISCLAIMER

Name:…….……..... **Preferred name** (if different)…….....

Home Address:…….……

Suburb:…… **Postcode:**…….....

Telephone No:(M)……..……(W)……..……..…..……Pager…….……

Emergency Contact Name: …… **Emergency Contact No:**……..

Occupation/Position Title: ……..…….……..……..

Department:..…… **Campus**…….

Email Address at Monash Health……..…..……..**@monashhealth.org**

Other Email Address: ……..……...

Employee/Student No…… **ID Card No**…….……..

Date of Birth: …….. **Male/Female** (Please circle)

Indemnity Clause

1. I, ……..., being a member of Healthwise Fitness at Monash Health, hereby declare that, except for any disability or condition which I have disclosed to Healthwise Fitness, I do not have any physical, mental or other disability or condition which may or could:
   - be affected or aggravated; or
   - otherwise result in loss, damage or deterioration to my health

   as a result of my use of the Healthwise Fitness facilities, including its equipment.
2. I hereby indemnify and release Healthwise Fitness for all or any loss, damage or injury whatsoever that I may suffer through my use of the Healthwise Fitness facilities, however caused.
3. I hereby indemnify and release Healthwise Fitness from all claims, actions, demands and/or proceedings arising out of my using Healthwise Fitness facilities, including its equipment.
4. I understand that I am responsible for monitoring my own condition during my use of Healthwise Fitness facilities. If I feel unwell or distressed, I will cease participation and inform the Healthwise Fitness staff of my symptoms
5. I agree to abide by the Code of Conduct in place at Healthwise Fitness.
6. I have read and understood the content if this Release & Disclaimer form, and hereby consent to all its contents.

Signed……(Member) Date:……

Consent for ExerciseTesting (if applicable)

1. I, ……..., being a member of Healthwise Fitness at Monash Health, voluntarily agree to participate in exercise testing, to be carried out by qualified fitness professionals to determine my cardiovascular fitness, flexibility, blood pressure, strength, skin fold analysis and body composition.
2. I understand that I am responsible for monitoring my own condition throughout the testing. If I feel unwell or distresses, I will cease participation and inform the Healthwise Fitness staff of my symptoms.
3. I have read and understood the contents of this Consent for Exercise Testing form.

Signed ……*(Member)*

Physical Activity Readiness Questionnaire (PAR - Q) & YOU

Many health benefits are associated with regular physical activity. Being more active is safe for most people. However, some people should check with their doctor before they start becoming more physically active. If you are between ages 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, please check with your doctor.

Please answer the following questions by ticking the appropriate boxes:

Name (please print) _____

YES	NO	
☐	☐	Have you ever had a Heart condition, High blood pressure, Rheumatic Fever, Stroke,High Cholesterol, Palpations, Murmurs or pain in the chest?
☐	☐	In the past month, have you had chest pain?
☐	☐	Have you ever had any injury, illness back or joint condition that may be aggravated by exercise?
☐	☐	Have you ever had Arthritis, Asthma, Diabetes, Epilepsy, Hernia, Dizziness, Gout, circulation problems or an Ulcer?
☐	☐	Have your mother, father, brother/sister had any heart problems prior to age 50?
☐	☐	Are you now or have recently been pregnant?
☐	☐	Do you lose balance because of dizziness or do you ever lose consciousness?
☐	☐	Are you taking any prescribed medication?
☐	☐	Do you know of <u>any other reason</u> why you should not do physical activity?

YES to one or more questions...

- Check with your doctor **BEFORE** you start exercising or before you have a fitness appraisal at the Fitness Centre. Tell your doctor about the PAR Q and which questions you answered YES.
- Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

NO to all questions...

- You can be reasonably sure that you can commence becoming more physically active – begin slowly and gradually build up.
- Take part in a fitness appraisal to determine your basic fitness level, so you can plan the safest and most effective way to achieve your goals.

DELAY BECOMING MORE ACTIVE IF:

- If you are not feeling well due to temporary illness eg a cold, wait until you feel better.
- If you become pregnant – talk to your doctor and inform fitness centre staff prior to continuing exercise.

PLEASE NOTE: If your health changes so that you answer YES to any of the above questions please notify Fitness Centre Staff. Ask whether you should change your physical activity plan.

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

Signature _____ Date _____

Signature of witness _____ Name of Witness _____

MEDICAL HISTORY AND PRESENT MEDICAL CONDITIONS

Please tick, if you have or have had any of the following conditions:

- ☐ Heart Disease, Cardiac Surgery or Coronary Bypass
- ☐ Stroke, Heart Murmur, Peripheral Vascular Disease
- ☐ High Blood Pressure >140/90
- ☐ Blood Disease of any kind
- ☐ Hepatitis
- ☐ Migraine, or recurrent headaches
- ☐ Epilepsy
- ☐ Light headedness/fainting
- ☐ Ulcers, Stomach or Intestinal Problems
- ☐ Swollen, stiff or painful joints
- ☐ Back Problems
- ☐ Family History of Heart disease
- ☐ Pelvis/Hip Problems
- ☐ Shortness of Breath
- ☐ Diabetes
- ☐ Cancer
- ☐ Hernia
- ☐ Asthma
- ☐ Anaemia
- ☐ Foot Problems
- ☐ Arthritis
- ☐ Shoulder Problems
- ☐ Broken Bones
- ☐ Knee Problems
- ☐ Skin infection
- ☐ Neck Problems
- ☐ Pregnant
- ☐ Fatigue or lack of energy

☐ Other

If you ticked any of these, please explain further:

_____

Date of most recent full medical check up

_____

Have you ever had high cholesterol?

_____

Please list any prescribed medications you are now taking

_____

Please list any illness, hospitalisation, or surgical procedure within the past 2 years.

_____