

Educational Opportunities Registration

Name _____ Date _____

Address _____

Email _____ Phone _____

CWID _____

Please mark the class you would like to attend

____ Student Personal Trainer Prep Course: \$70

____ Student Instructor Training Course: \$70

For detailed information for when classes meet, please visit our website at urec.ua.edu

Policies and Procedures:

Payment: Payment for our educational classes can be made at the Student Recreation Center. Payment must be received in full prior to attending your first class. If the class does not meet the minimum number of participants, the class will be cancelled and participants will be notified.

Refund: Educational classes are non-refundable unless a verifiable medical conflict exists (physician letter required). There are no prorated fees for classes and no class make ups.

Registration: The Educational Opportunities packet must be completed and submitted with payment to the Student Recreation Center's Membership office prior to the first class meeting. Upon receipt of these materials, the instructor will be in contacted via email to discuss any details pertaining to the class upon the first class meeting.

Employment: If you are interested in employment with University Recreation's Fitness Program you will need to complete the training specific to your area of employment interest. For example, if you would like to teach group exercise, you will need to complete The Student Instructor Training Course. Employment is contingent on completion of trainings; however, employment is not guaranteed.

Office Use Only

Paid \$ _____ Cash ____ Check ____ BamaCash ____ Credit Card ____

Staff _____ **Please verify that ALL paperwork has been completed.** Invoice# _____

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 (for example, back, knee or hip) 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?

If
you
answered

YES to one or more questions

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.

No changes permitted. You are encouraged to photocopy 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 _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

RELEASE OF LIABILITY, ASSUMPTION OF THE RISK, AND INDEMNIFICATION

****PLEASE READ AND FULLY UNDERSTAND THE FOLLOWING BEFORE SIGNING****

Purpose of this Form. This form is to be signed by the each Participant in the Activity who is 19 years of age or older. In consideration of the social, recreational, educational, and other benefits that may be provided, the receipt and adequacy of which is acknowledged, Participant agrees as follows.

Definitions. The following terms have the stated meaning when used in this document:

- **Participant** – the individual(s) participating in the Activity and all related activities that execute(s) this document. If this document is signed by a parent or legal guardian as Participant for themselves and/or on behalf of any of their minor children, then Participant includes the parent/guardian, as well as each of their Child Participants identified below.
- **Potential Liabilities** – any and all loss, injury, death, claims, actions, suits, proceedings, settlements, damages, costs, fees, and expenses, at law or equity, known and unknown, foreseen and unforeseen, including, but not limited to, attorney fees and costs of litigation, and liabilities arising out of, connected with, or resulting from Participant's involvement in the Activity, such as medical expenses, other costs, injury, sickness, or death.
- **Activity** – any recreational/educational activity, service, or program offered by UA that you choose to participate in, including and all activities related thereto. Examples of an Activity include, but are not limited to, all forms of physical exercise, sport club participation, intramurals sports, outdoor activities, special events, membership in the Rec Center, lifting weights, and other special activities, such as pilates, climbing wall, pool usage, and personal training.
- **UA** – The Board of Trustees of the University of Alabama, including the University of Alabama, foundations affiliated therewith, and their respective trustees, officers, employees, agents, representatives and volunteers.

Liability Release. **THIS IS A RELEASE OF LIABILITY.** Participant knowingly and voluntarily waives, releases, exculpates, and discharges UA from and against any and all Potential Liabilities connected with the Activity. By signing this form, Participant voluntarily agrees to discharge UA in advance from all such Potential Liabilities.

Indemnification. Participant agrees to hold harmless and indemnify UA from and against all Potential Liabilities related to, connected with, or arising from Participant's involvement or participation in the Activity.

Assumption of Risk. Participant understands and acknowledges that there are risks, including significant risks, inherent in all activities that can result in loss, damages, injury, or death, including, without limitation, activities potentially related to the Activity like the following: travel risks such as accidents, crashes, and risks from autos operated by UA as well as autos operated by other individuals or entities, poorly maintained roads, sidewalks, as well as criminal acts that can result in serious injury or death; premises risks, including those that may be owned by others and risks from water, such as drowning; injury risks from falls, collisions, or accidents (such as concussions, cuts, bruises, torn muscles, sprains, broken bones, etc.); outdoor risks, such as weather, lightning, heat or cold, bites, stings, allergic reactions, dehydration, heat stroke, hypothermia, drowning, sunburn, animals, and limited access to medical care; risks from others involved in the Activity (such as transmitted illnesses or others' actions); health risks, such as concussion(s), respiratory events, neck/spinal injuries, heart attacks, sudden illness, non-fatal/fatal drowning and other risks inherent in any strenuous activities, including, but not limited to, the injury risks identified herein; equipment risks, including failure, misuse, inherent risks, and risks from UA or non-UA equipment; and other risks and hazards beyond the control of UA or others. Participant acknowledges that he/she has had an opportunity to investigate the Activity before executing this form and, knowing and understanding all risks associated with the Activity, Participant nevertheless **VOLUNTARILY AGREES TO ASSUME AND ACCEPT ALL RISKS** that potentially accompany participation in the Activity. Participant also agrees to take all reasonable steps to avoid any risks, injury, or death.

RELEASE OF LIABILITY, ASSUMPTION OF THE RISK, AND INDEMNIFICATION

Health Care and Emergencies. Participant understands that UA does not accept responsibility or liability for providing health care services or health care insurance for those participating in the Activity. It is Participant's responsibility to consult with a medical professional prior to the Activity. Participant warrants the physical fitness of those participating in the Activity. Participant agrees to be responsible for payment of any fees and charges that may be imposed by any doctor or hospital facility in the provision of medical care to Participant.

Conduct. Participant agrees to follow posted signs and published rules as well as instructions and directions of any UA representative or other official associated with the Activity.

ACKNOWLEDGEMENT. I, AS PARTICIPANT, ACKNOWLEDGE THAT I HAVE READ, CONSIDERED, AND UNDERSTAND THIS ENTIRE DOCUMENT AND ITS EFFECT ON MY RIGHTS. RELYING WHOLLY UPON MY OWN JUDGMENT, BELIEF, AND KNOWLEDGE ABOUT THE RISKS ASSOCIATED WITH THE ACTIVITY, WHICH INCLUDE SIGNIFICANT INJURY OR DEATH, AND THE EFFECT OF THIS DOCUMENT, I VOLUNTARILY AGREE TO EXECUTE THIS DOCUMENT AND PARTICIPATE IN THE ACTIVITY. I ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE TO ME SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT. I VOLUNTARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL FULLY INTENDING TO LEGALLY BIND MYSELF, MY HEIRS, SUCCESSORS, AND ASSIGNS TO ITS TERMS.

***If Participant is under the age of 19, a Parent/Guardian must execute this document as the Participant and identify the underage Participant as a "Child Participant" below.** THE SIGNING PARENT/GUARDIAN CERTIFIES THAT THEY ARE OVER THE AGE OF 19, HAVE READ, CONSIDERED, AND UNDERSTAND THIS DOCUMENT, UNDERSTAND THE RISKS, INCLUDING INJURY OR DEATH, ASSOCIATED WITH THE ACTIVITY, ARE VOLUNTARILY ALLOWING CHILD PARTICIPANT(S) TO TAKE PART IN THE ACTIVITY, HAVE THE LEGAL RIGHT TO SIGN ON BEHALF OF THE CHILD PARTICIPANT(S), ARE SIGNING THIS DOCUMENT VOLUNTARILY, ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS HAVE BEEN MADE SEPARATE AND APART FROM THE TERMS OF THIS DOCUMENT, AND AGREE TO ENTER INTO THE SAME, FULLY INTENDING TO LEGALLY BIND PARTICIPANT AND CHILD PARTICIPANT(S) LISTED BELOW UNDER THE AGE OF 19 AS WELL AS THEIR HEIRS, SUCCESSORS, AND ASSIGNS TO THE TERMS OF THIS DOCUMENT.

Printed Name of Participant (and/or Parent/Guardian) _____

→ Signature of Participant (and/or Parent/Guardian) _____

Participant e-mail address _____

Date _____ Phone Number _____

Name of Child Participant _____ Age: _____

Name of Child Participant _____ Age: _____

Name of Child Participant _____ Age: _____