

To: Participants of Beechwood "A Center for Life Enrichment"

From: Marie K. Marcotte, Director

Re: Fitness Room Waivers and Physical Activity Readiness Questionnaire

Greetings and welcome to the Beechwood Fitness Room! We are pleased to offer you a quality fitness program and a plan for safe utilization of fitness equipment. Our Fitness room will be staffed by trained volunteers. To use the equipment you will need to complete three steps.

1. Review and complete the attached forms:
 - a) Informed Consent for Exercise
 - b) Fitness Room Policies Form
 - c) Medical Clearance Form
 - d) Physical Activity Readiness Questionnaire (PAR-Q)
2. After the forms are complete you may drop them off to Rayna Wilcox, Volunteer/Program Coordinator or Erin McAndrew, Assistant Director.

Mail to: Beechwood, "A Center for Life Enrichment"
P.O. Box 313
North Kingstown, RI 02852

To begin using the equipment, please schedule an orientation on the equipment by calling Rayna at 268-1594 or drop in at Beechwood to make an appointment.

North Kingstown Senior & Human Services
Informed Consent for Exercise Participation

I desire to engage voluntarily in personal exercise training at Beechwood "A Center for Life Enrichment" in order to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardio-respiratory system to thereby attempt to improve its function. The reaction of the cardio-respiratory system to such activities cannot be predicated with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to improve, develop and maintain cardio-respiratory fitness, muscular strength and endurance. You will receive an orientation on the safe use of the exercise equipment and recommendations for your exercise program. The program is designed to place a gradually increasing workload on the body in order to improve overall fitness and may involve walking on a treadmill and/or riding on a stationary bike, as well as strength training using strength training equipment and free weights.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms. Over time, changes may occur. If changes in physical and/or cognitive status are observed by monitors and/or staff, I understand a call may be placed to my primary care physician to report observations. A new medical clearance form may be required to ensure the safety of all.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the program have been answered to my satisfaction.

Medical clearance must be obtained prior to my participation in the Fitness Room. I agree to consult my physician and obtain written permission from my physician to participate in the Fitness Room.

Also, in consideration for being allowed to participate in the program, I agree to assume the risk of such exercise and further agree to hold harmless the Town of North Kingstown and The North Kingstown Senior Association and its staff members conducting the exercise program from any and all claims, suits, losses and related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the exercise program.

Signature of Participant

Date

Please Print:

Name: _____ Date of Birth: _____ Age: _____

Address: _____
Street City State Zip

Telephone () _____ Cell Phone () _____

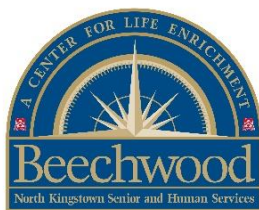
Name of Personal Physician: _____ Telephone: () _____

Physician's Address: _____
Street City State Zip

Limitations and Medications: _____

Emergency Contact: Name: _____ Telephone () _____

Last Name: _____
First Name: _____



FITNESS ROOM POLICIES

Hours

Monday - Friday

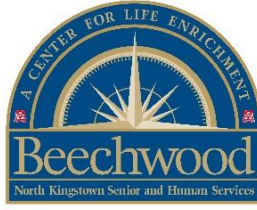
8:30 a.m. to 12:30 p.m.

- Maximum number of participants in the room at any one time will be six.
Safety is of the utmost importance, so please use good judgment when talking to participants who are using the exercise equipment to minimize their CHANCE OF injury.
- Assessments and Orientations will be done by **Appointment Only**.
- After assessments and orientation there **will not** be any one-on-one assistance.
- You must be able to work the fitness machines on your own.
- Fitness room monitors will staff the room.
- Remember that water is the only beverage permitted in the Fitness Center. **(There should be no food or other beverages in Fitness Room).**
- Monitors will oversee room capacity and machine operations. Monitors **will not** provide one-on-one assistance.
- Medical Clearance and participant forms are required.
- There is a time limit on each machine of 30 minutes. Sitting on the machines and not using them will be prohibited.
- You must sign up with monitor or staff for treadmill, bike and elliptical time.
- No one will be allowed in room with wet shoes or sneakers. Appropriate attire must be worn at all times, including comfortable clothing and supportive athletic, rubber-soled shoes.
(sneakers)
- Participants must clean all machines after use.
- Doors are to remain open during hours of operation.

I understand and agree to the above Senior Center Fitness Room Policies.

Participants Signature

Date



MEDICAL CLEARANCE

Participant's Name: _____ Date: _____

Address: _____

DOB: _____ Phone: _____

Dear Doctor: _____

We need permission for _____ to participate in a Senior Fitness Program held at Beechwood, A Center for Life Enrichment. Our program includes the use of treadmills, seated elliptical, and seated recumbent bike. An individualized orientation is given to each participant.

Pertinent Medical History:

Any Special Considerations or Precautions to Exercise:

The above listed person is capable of participating in a senior fitness program without one-on-one supervision.

Physician's Signature: _____ M.D. Date: _____

Name of Physician: _____

Address: _____

Phone: _____

This form must be completed by everyone. Please return this form to: North Kingstown Senior and Human Services, PO Box: 313, North Kingstown, RI 02852 or Fax to: 401-294-3020.

NORTH KINGSTOWN SENIOR & HUMAN SERVICES
PAR-Q
(Physical Activity Readiness Questionnaire)

For most people, physical activity should not pose any problems or hazard. PAR-Q is 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 and amount most suitable.

Complete the following by circling your response and/or describing your condition in the space provided:

- | | | |
|--|-----|----|
| 1) Has your doctor ever said you have heart trouble?
If yes, please describe: | Yes | No |
| 2) Do you frequently suffer from pains in your chest? | Yes | No |
| 3) Do you often feel faint or have spells of severe dizziness? | Yes | No |
| 4) Has a doctor ever said your blood pressure is too high? | Yes | No |
| 5) Has a doctor ever told you that you have a bone or joint problem such as arthritis, that may be aggravated by exercise, or be made worse with exercise? | Yes | No |
| 6) Are you diabetic? | Yes | No |
| 7) Do you have any respiratory problems? | Yes | No |
| 8) Is there a good physical reason not mentioned here why you should not follow an activity program?
If yes, please describe: | Yes | No |
| 9) Are you over 65 and not accustomed to exercise? | Yes | No |

Before beginning the Fitness Room a medical clearance must be given by your doctor to the North Kingstown Senior & Human Services Department. (See attached)