



Youth for Christ

Participation Waiver Form
333 King St, Winnipeg, MB, R3B ON1
204-669-4205 www.yfcwinnipeg.ca

Please print:

Participant

Last Name: _____ First Name: _____
Address: _____ City _____ Province: _____ Postal Code: _____
Phone Number: _____ Birth Date: (mm/dd/yyyy): _____
Participant email: _____
Manitoba Health # _____ Emergency Contact & Number: _____

Parent/Guardian (if under 18)

Name: _____ Relationship to Participant: _____
Address: _____ City _____ Phone Number: _____

The Following Authorization, Release and Indemnity form is a legally binding agreement
Please read it carefully before signing

In consideration for The Rock Climbing Wall, The Edge Skatepark, The Atrium Youth Centre and Samson's Fitness Centre, Youth For Christ (Winnipeg) Incorporated and their directors, officers, employees, agents and volunteers (collectively referred to as "YFC") permitting the Participant referred to above (the "Participant") to enter upon the premises of and use YFC and to participate in the program and activities offered at YFC, I agree to the following on my own behalf and on behalf of the Participant and on behalf of our heirs, executors, successors, representatives and assigns.

1. I warrant that I am the person legally entitled to make decisions with respect to the care and the affairs of the Participant. I warrant that I am entitled to enter into this agreement on my own behalf and on behalf of the Participant and on behalf of any other parent or guardian of the Participant.
2. I understand that this agreement applies to facilities operated by and programs offered by YFC. I understand that this agreement applies whether the Participant is an observer, a bystander or an active participant and whether the Participant is at any premises owned or occupied by YFC or traveling to and from such premises.
3. I understand that the activities offered at and in connection with YFC can result in injury, death or personal property damage to participants and to others.
4. I grant permission to the Participant to attend at the premises of YFC, to use YFC facilities and equipment and to participate in the programs and activities offered by YFC.
5. In granting permission to the Participant to enter upon the premises of and use YFC and to participate in the programs and activities offered by YFC, I accept the condition of the ramps, natural rock features, climbing wall and equipment, fitness equipment and other facilities and property and I accept that the condition could change to become more hazardous.
6. I understand that various degrees of experience and skill are required for the use of the different facilities and equipment at YFC and that the decision to use the different facilities and equipment will be in the sole discretion of the Participant. I agree that it is my sole responsibility to supervise the Participant's exercise of this discretion.
7. I understand that the Participant must obey and show respect for the rules and regulations of YFC and I undertake sole responsibility to advise the Participant of the necessity to do so.
8. On behalf of myself, the participant, any other parent or guardian of the Participant and our heirs, executors, successors, representatives and assigns, I release YFC from any liability, claim, action, suit or demand whatsoever which may arise in connection with or during the participant's attendance at the premises of YFC, his/her use of YFC facilities and equipment and his/her participation in the programs and activities offered by YFC. Without limiting the generality of the foregoing, this release shall apply to any liability, claim, action, suit or damage caused by the negligence of YFC, the condition of the equipment or the premises or the actions of third parties.
9. I agree on my own behalf, on behalf of any other parent or guardian of the Participant and on behalf of the Participant to indemnify YFC and hold it harmless against any liability, claim, action, suit or demand whatsoever which may arise in connection with or during the Participant's attendance at the premises of YFC, his/her use of YFC facilities and equipment

and his/her participation in the program and activities offered by YFC. Without limiting the generality of the foregoing, this indemnity shall apply to any liability, claim, action, suit or demand for personal injury, death or property damage, including injuries, death or damage caused by the negligence of YFC, the condition of the equipment or the premises or the actions of third parties. This indemnity shall include indemnification for any judgment, and for all costs incurred by YFC in connection with litigation.

10. I agree on my own behalf, on behalf of any other parent or guardian of the Participant and on behalf of the Participant that we will not take legal action against YFC or against any third party who may claim contribution or indemnity from YFC with respect to any liability, claim, action, suit or demand whatsoever which may arise in connection with or during the participant's attendance at the premises of YFC, his/her use of YFC facilities and equipment and his/her participation in the program and activities offered by YFC. Without limiting the generality of the foregoing, this agreement not to take legal action shall apply to any claim, action, suit or demand for personal injury death or property including injuries, death or damage caused by the negligence of YFC, the condition of the equipment or premises or the actions of third parties.
11. I acknowledge that YFC may, at its discretion, revoke the Participant's privileges to attend at the premises of YFC, to use YFC facilities and equipment and to participate in the programs and activities offered by YFC. I/We acknowledge that if the subject of the release has to be sent home for discipline violations, or possession of alcohol or non-prescription drugs, it will be at my/our expense.
12. In the event that it appears to YFC that the Participant requires medical or dental attention, testing or treatment (referred to as "Treatment") of any kind while using The Wall facilities and equipment or participating in the programs and activities offered by YFC. I authorize YFC to provide or to arrange for the provision of such Treatment and to consent to such Treatment on behalf of the Participant and myself as YFC in its discretion considers advisable. I agree to be responsible for any cost of such Treatment and I appoint YFC as my agent in arranging for such Treatment. The release and indemnity provisions above apply to the provision of Treatment.
13. Due to the physical demand and nature of the activity of skateboarding, The Edge Skatepark **REQUIRES** the use of a helmet, as well as additional padding (knee pads and elbow pads). It is noted that some participants wish to risk participating in the activity of skateboarding **WITHOUT** the use of additional padding. This form is to verify that as an adult participant or the parent of a youth participant you understand that The Edge Skatepark has **REQUIRED** the use of additional padding, and **you have decided to risk participating WITHOUT the use of additional padding**. I understand that the use of a helmet is always mandatory. I also understand that the use of knee pads and elbow pads is also required, but by signing below, I may choose to decline the use of these additional pads. I agree on my own behalf, and on the behalf of the Participant to indemnify The Edge Skatepark and hold it harmless against any liability, claim, action, suit or demand whatsoever which may arise in connection with or during the Participants attendance at the premises of The Edge Skatepark, use of the facilities and equipment, and participation in the programs and activities offered by The Edge Skatepark.
14. I authorize the use of photos or video of my son/daughter by YFC for publicity purposes.
15. I warrant that the information given on this form is correct and complete.
16. I have read this document. I understand it and I agree to the terms set out above.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name (Please Print): _____

Please make sure you take the time to read over this form (both sides) and fill in the necessary information. If you have any questions or concerns please contact me at any time. As ongoing programs, our greatest desire is to provide care and support for your teenager(s) at every level. This means we will give them opportunities to grow physically, emotionally, spiritually, mentally and relationally. *We will use the Bible as a guide to explore what it means for us to have a personal relationship with God.

*Not Mandatory

Steven J. Klassen, Senior Supervisor 204-669-4205 ext. 208

FOR OFFICE USE ONLY:

WAIVER ENTERED & FILED BY: _____ DATE: _____

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 _____

WITNESS _____

or GUARDIAN (for participants under the age of majority)

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.



PAR-Q & YOU

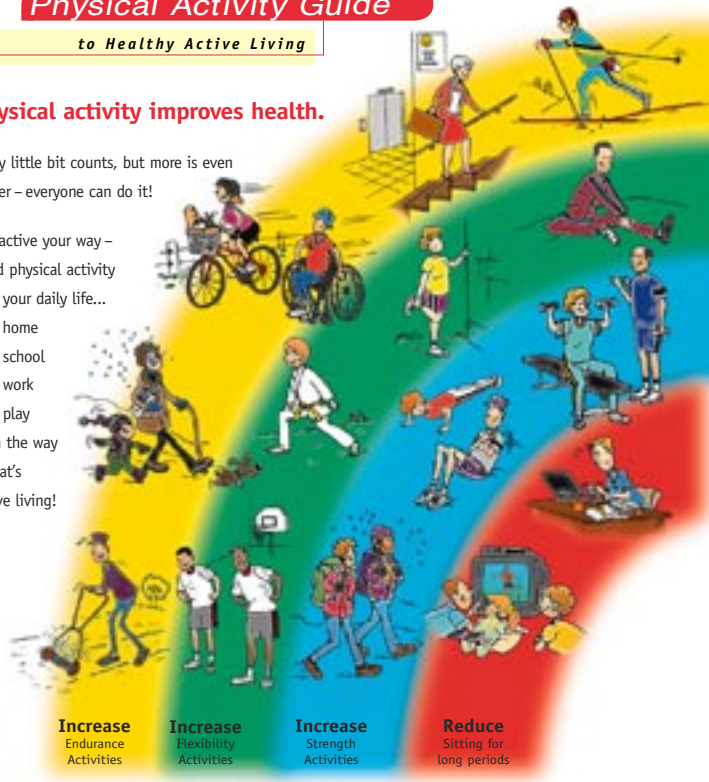


Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
 - at school
 - at work
 - at play
 - on the way
- ...that's active living!



- Increase** Endurance Activities
- Increase** Flexibility Activities
- Increase** Strength Activities
- Reduce** Sitting for long periods

Choose a variety of activities from these three groups:

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: **1-888-334-9769**, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

| Time needed depends on effort | | | | |
|--|---|---|--|---|
| Very Light Effort | Light Effort | Moderate Effort | Vigorous Effort | Maximum Effort |
| 60 minutes | 30-60 minutes | 30-60 minutes | 20-30 minutes | |
| <ul style="list-style-type: none"> • Strolling • Dusting | <ul style="list-style-type: none"> • Light walking • Volleyball • Easy gardening • Stretching | <ul style="list-style-type: none"> • Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics | <ul style="list-style-type: none"> • Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing | <ul style="list-style-type: none"> • Sprinting • Racing |
| Range needed to stay healthy | | | | |

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

| Benefits of regular activity: | Health risks of inactivity: |
|--|--|
| <ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life | <ul style="list-style-type: none"> • premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer |



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Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy)** – to be used by doctors with pregnant patients who wish to become more active.

References:

Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. *J. Clin. Epidemiol.* 45:4 419-428.

Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy. In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.

PAR-Q Validation Report, British Columbia Ministry of Health, 1978.

Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Can. J. Spt. Sci.* 17:4 338-345.

For more information, please contact the:

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Online: www.csep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

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