



Today's Date

COLUMBUS RECREATION AND PARKS DEPARTMENT COMMUNITY CENTER FITNESS

FITNESS PARTICIPATION WAIVER

In Consideration of my participation with Columbus Recreation and Parks Fitness Program, I the undersigned, on behalf of myself, my heirs, executors, administrators and assigns do hereby release and discharge the Columbus Recreation and Parks Department and all Volunteers and Instructors of Fitness Programming. City of Columbus Staff, volunteers and any of their heirs, successors, executors, administrators and assigns, or all the foregoing from any claims for damages, injuries, demands and causes of action arising from or out of my participation in Columbus Recreation and Parks Department programs. I do attest and verify that I am physically capable of participating in this program, and that my physical condition has been verified by a licensed medical doctor. By signing my name below, I hereby certify that I have read all the terms and conditions of this waiver, and do intend to be legally bound thereby. I am aware that I am participating in a potentially hazardous activity. I assume all risks associated with participation in this program, including, but not limited to falls, contact with other participants, and other reasonable risk conditions associated with this program.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by, COVID-19 by attending City of Columbus Recreation and Parks programs, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Columbus employees, agents, representatives, volunteers and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all injury to my child(ren) or myself including, but not limited to, personal injury, disability, and/or death, illness, damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at City of Columbus Recreation and Parks programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless City of Columbus employees, agents and representatives, volunteers and program participants and their families of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

Adult Participant: Age 18 +

Participant Name			
Participant Signature			
Phone – Best Number(s)		Date of Birth	
Address		City	State
Emergency Contact Name		Emergency Contact Phone – Best #	

Teen Participant: Age 14-17 (*Under 18: Parent/guardian signature required on waiver form.*)

Teen Participant Name		Parent/Guardian Signature	
Phone – Best Number(s)	Current Age	Date of Birth	
Address	City	State	Zip Code
		OH	
Emergency Contact Name		Emergency Contact Phone – Best #	

PAR-Q Form

Name:		Date:
DOB:	Height:	Weight:
Health Care Provider:		Phone:

Questions

1	Has your health care provider ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Do you feel pain in your chest when performing physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Have you experienced chest pain when NOT performing physical activity in the last month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Do you lose your balance because of dizziness or have you lost consciousness recently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Do you have any bone or joint problems (back, knee, hip, etc.) such as arthritis, which could be aggravated through physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Is your doctor currently prescribing medications for you for high blood pressure or a heart condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Is there any reason why you should not participate in physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Do you currently exercise on a regular basis (3+ times per week)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If you answered Yes to any questions 1-7 above, please list the number and a brief reason:		

 Applicant's Signature (Type in name electronically)
 (*Guardian Signature if applicant under 18*)

 Applicant's Name (Print- Only needed if not electronically)
 (*Guardian Name if applicant is under 18*)