

Nature's Emporium Running Clinics

Clinic: _____
Name: _____
Date of Birth (Required) (dd/mm/yyyy) _____
Address: _____
Home Phone: _____ Cell: _____
Email: _____
Emergency Contact Name: _____
Emergency Phone: _____
Medical conditions, allergies, medications: _____

Running Experience: _____
Long Term Running Goal: _____

Bring this form, as well as the PAR-Q FORM & waiver with you to the first clinic, or drop it off at Nature's Emporium's Customer Service Desk.

Becoming more active is very safe for most people, however, some people should check with their doctor before they begin a fitness program. If you are between the ages of 15 and 69, answering yes to anything on this form with indicate you should have a doctor give you a physical examination before embarking in this clinic. If you are over 69, do not take this clinic without a doctor's approval first!

PAR-Q FORM

Please answer YES or NO to the following	YES	NO
• Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you frequently have pains in your chest when you perform physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you lose your balance due to dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis,	<input type="checkbox"/>	<input type="checkbox"/>
• anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?		
• Are you pregnant now or have you given birth within the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you had a recent surgery?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered YES to any of the above questions, you will be required to have medication documentation stating that you have received medical clearance from your doctor. Go to the web address: <http://uwfitness.uwaterloo.ca/PDF/parmedx.pdf> to download the PARmed-X form you will need to have your doctor's approval.

If you answered NO to all questions, and feel sure that you are ready to undertake the physically demanding sport of running, then you may participate in this clinic.

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
- You are or may be pregnant. Talk to your doctor before you start becoming much more active

Note: if your health changes so that you then answer YES to any of the above questions, ask for advice from your health professional in order to continue

Informed Consent, Waiver and Release Agreement

This waiver and release agreement is entered into between the Undersigned (and Guardian if under 18), the Instructors (Matt Loiselle & Natasha Szauter), as well as Nature's Emporium, including officers, affiliates, and executors.

The purpose of each clinic offered is to provide fitness instruction, coaching, and education for various levels of athletes/individuals.

The Undersigned (and Guardian) hereby acknowledges that the following was explained to me and/or agree to the following:

- Acknowledges that the Instructor is not a physician and is not trained in any way to provide medical diagnosis or any other type of medical advice
- Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but the Instructor does not guarantee neither good nor bad will occur, nor guarantees the training advice given by the instructor will produce good, nor bad results
- Acknowledges that the Undersigned has been told if they feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once
- Acknowledges that fitness and running clinics, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death. That the undersigned assumes the risks of participating in these types of events and activities, that they are fit and they have a regular medical physician they can contact regarding any medical problems that they might develop
- Acknowledges that running, in particular, is very stressful on the body and will likely lead to some form of musculoskeletal injury (either acute or chronic) which may, in turn, lead to having to terminate the clinic before completion

The Undersigned (and Guardian) expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind the Instructors, Nature's Emporium, their officers, affiliates, and executors for the Undersigned participating in said sporting events and/or training for said sporting events.

The Undersigned (and Guardian) agrees that this is the full agreement between the parties, that neither the Instructors, nor anyone else has verbally contradicted any of the terms of this release and that the Undersigned (and Guardian) has entered into this agreement free and voluntarily without force or coercion.

Full name of participant: _____ Date Signed: _____

Signature: _____ Guardian: _____