

INFORMED CONSENT FOR EXERCISE

I desire to engage voluntarily in an exercise program in order to attempt to improve my physical fitness and general health. I understand that the activities are designed to place a gradually increasing workload on the musculoskeletal, metabolic, and/or cardiorespiratory system and thereby attempt to improve function. The reaction of the cardiorespiratory system to such activities can't be predicted 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 develop and maintain cardio-respiratory fitness, body composition, flexibility, muscular strength and/or endurance. The programs currently offered through DFMWR include, but are not limited to walking, aerobic exercise and strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any symptoms occur, I would cease my participation and inform the Fitness Staff symptoms immediately.

In the event that medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my medical provider and obtain their approval prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in this exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless DFMWR, U.S. Army, and Fort Stewart/Hunter Army Airfield or its employees and agents, specifically personal trainers supporting any of these activities, from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result in my injury or death, accidental or otherwise, during or arising in any way from the exercise program.

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

I further acknowledge that I have read the attached PAR-Q and either have none of the identified issues and no other concerning health issues OR state that I will seek physician approval before starting a new fitness activity or dramatically increasing my activity level (duration, frequency or intensity.)

I understand this is my responsibility and that by not seeking medical approval to participate I am placing myself at risk and assuming ALL liability.

Signature: _____

Date: _____

Print Name: _____

Physical Activity Readiness Questionnaire (PAR-Q)

- 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 eight questions 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: YES or NO.

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

2. Do you feel pain in your chest when you do physical activity?

3. In the past month, have you had chest pain when you were not doing physical activity?

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

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?

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

7. Do you know of any other reason why you should not do physical activity?

8. Has your doctor ever told you that you have diabetes?

If you have ANY of the issues identified: You should talk to your doctor **BEFORE** you become more active.

If you answered “NO” to all of the PAR-Q questions: You can be reasonably sure that you can participate in further activity.

HOWEVER, 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.

Registration Form

WALK TO AFGHANISTAN

INDIVIDUAL: If you are an individual and would like to participate in the program, please fill out the first section and we will be forming teams with those people who do not have a team.

Name: _____ email address: _____

T-shirt size _____

TEAMS: Can consist of 2-4 members. If you only have 2-3 people on your team, but are willing to have additional members on your team, please indicate this in the box below and we will try and place more people on your team.

Team Name: _____

Name: _____ email address: _____

T-shirt size _____

Name: _____ email address: _____

T-shirt size _____

Name: _____ email address: _____

T-shirt size _____

Name: _____ email address: _____

T-shirt size _____

- ☐ We want to have extra people put on our team to make 4
- ☐ We want to keep our team the way it is.