

## **WELLNESS CENTER INFORMATION AND REGULATIONS**

Mission Statement:           ♦ To ensure a safe and comprehensive transition from injury or illness to overall fitness and well being.

Hours of Operation:           ♦ 7:00 AM – 8:00 PM Mon. – Fri.  
   ♦ 8:00 AM – 4:00 PM Sat.  
   ♦ Closed Major Holidays

### Supervision and Staff:

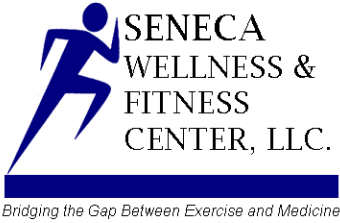
- ♦ This is an independent center for members
- ♦ If under 16 years of age - must be accompanied by parent
- ♦ If under 18 years of age - must have signed consent from parent
- ♦ There must be an authorized staff member in the clinic
- ♦ Personal training sessions are made by appointment with the Exercise Physiologist
- ♦ Sign-in on the "sign-in" sheet at entrance
- ♦ Members are responsible for personal belongings - you may bring a lock to utilize lockers
- ♦ Children may not accompany you - there is no daycare
- ♦ Non-members must wait in the waiting room
- ♦ Should you have any questions or concerns, please see the Exercise Physiologist

### Availability of Equipment:

- ♦ Priority must be given to current physical therapy patients, therefore, you might be asked to limit your time on a piece of equipment for treatment use

### Fees:

- ♦ Visits/consultations/appointments with Physical Therapists must be scheduled in advance
- ♦ Fees for these visits will vary based on services rendered and are due at time of service
- ♦ Additional personal training sessions:
  - \$40 per ½ hour
  - \$70 per hour
- ♦ Pilates sessions:
  - \$75 per hour



**RELEASE OF LIABILITY**

I, \_\_\_\_\_, have volunteered to participate in a progressive exercise program at facilities provided by Seneca Wellness and Fitness Center, LLC, and the program has been fully explained to me. In consideration of my participation in the exercise program, I hereby release Seneca Wellness and Fitness Center, LLC, its shareholders, board of directors, officers, agents, administrators, and employees of all liability for injuries or accidents which may occur during or as a result of my use of such facilities or my participation in such exercise program. I hereby agree to indemnify and hold harmless Seneca Wellness and Fitness Center, LLC, its shareholders, board of directors, officers, agents, administrators, and employees for all causes of action, claims for damages and demands which may be made with respect to any such injuries or accidents.

I further agree to follow any limitations in activity and for equipment use required for my safety. I understand that the risks normally associated with the use of any exercise program and fitness equipment are increased for anyone who is injured, physically compromised, or under medication and I accept full responsibility for my participation in the program.

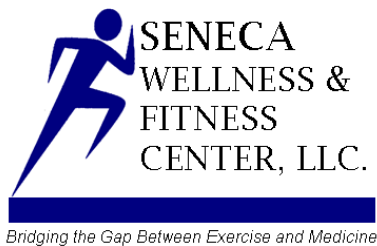
I fully realize the risks associated with the exercise program and fitness equipment and I intend this to be a complete release of Seneca Wellness and Fitness Center, LLC, its shareholders, board of directors, officers, agents, administrators, and employees from any liability.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE FOREGOING RELEASE AND SIGN AS MY OWN FREE ACT.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**AHA/ACSM Health/Fitness Facility  
Pre-participation Screening Questionnaire:**

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Sex: M \_\_\_\_\_ F \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_ e-mail address: \_\_\_\_\_

**Emergency Contact:**  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of your physician: \_\_\_\_\_

Are you currently under a doctor's care?  Yes  No  
 If yes, explain: \_\_\_\_\_

Date of last physician checkup: \_\_\_\_\_  
 Have you ever had a stress test?  Yes  No  Don't Know  
 If yes, what were the results?  Normal  Abnormal  Don't Know

Do you take any medications on a regular basis?  Yes  No  
 If yes, please list the medications and reasons for taking: \_\_\_\_\_

Have you been recently hospitalized?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**Section I**

*History:* Have you had:

A heart attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Heart surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Cardiac Catheterization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Coronary Angioplasty	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Pacemaker, implantable cardiac defibrillator, or rhythm disturbance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Heart valve disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Heart failure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Heart transplantation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Congenital heart disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

*Symptoms*

You experience chest discomfort with exertion.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
You experience unreasonable breathlessness.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
You experience dizziness, fainting, blackouts.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
You take heart medications.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

According to the American College of Sports Medicine, if you marked any of the statements in section I, consult your health care provider before engaging in exercise.

## Section 2

### Cardiovascular risk factors

You are a man  $\geq 45$  years.

Yes  No

You are a woman  $\geq 55$  years, you have had a hysterectomy, or you are postmenopausal.

Yes  No

Are physically inactive (you get less than 30 min. of Physical activity on at least 3 days/week.)

Yes  No  Don't know

Are more than 20 pounds overweight.

Yes  No  Don't know

### You have

High Blood Pressure

Yes  No  Don't know

High Cholesterol

Yes  No  Don't know

Stroke

Yes  No  Don't know

### Have parents or siblings who, prior to age 55, had:

Heart attack

Yes  No  Don't know

High Blood Pressure

Yes  No  Don't know

High Cholesterol

Yes  No  Don't know

Diabetes

Yes  No  Don't know

Stroke

Yes  No  Don't know

### You Have

Diabetes

Yes  No  Don't know

Irregular heartbeat or palpitations

Yes  No  Don't know

Rheumatic heart disease

Yes  No  Don't know

Emphysema

Yes  No  Don't know

Epilepsy

Yes  No  Don't know

Asthma

Yes  No  Don't know

Are pregnant

Yes  No  Don't know

Currently Smoke

Yes  No  Don't know

Other metabolic disorders (thyroid, kidneys, etc.)

Yes  No  Don't know

If yes, please explain: \_\_\_\_\_

You have concerns about the safety of exercise.

Yes  No  Don't know

**You have musculoskeletal problems.**

Yes  No  Don't know

**If yes, please explain:** \_\_\_\_\_

According to the American College of Sports Medicine, if you marked two or more of the statements in section 2, you should consult your health care provider before engaging in exercise.

None of the issues listed in sections 1 or 2 above are true for me.

Yes

According to the American College of Sports Medicine, if you said yes to the statement above you should be able to exercise safely without consulting your health care provider.

I attest that the above information is true to the best of my knowledge and acknowledge that I understand the information will be utilized for fitness assessment purposes. I realize that if the information is incorrect it may result in harm to me.

Signature \_\_\_\_\_

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. <b>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?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>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?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of <u>any other reason</u> why you should not do physical activity?</b>

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 \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

or GUARDIAN (for participants under the age of majority)

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

**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

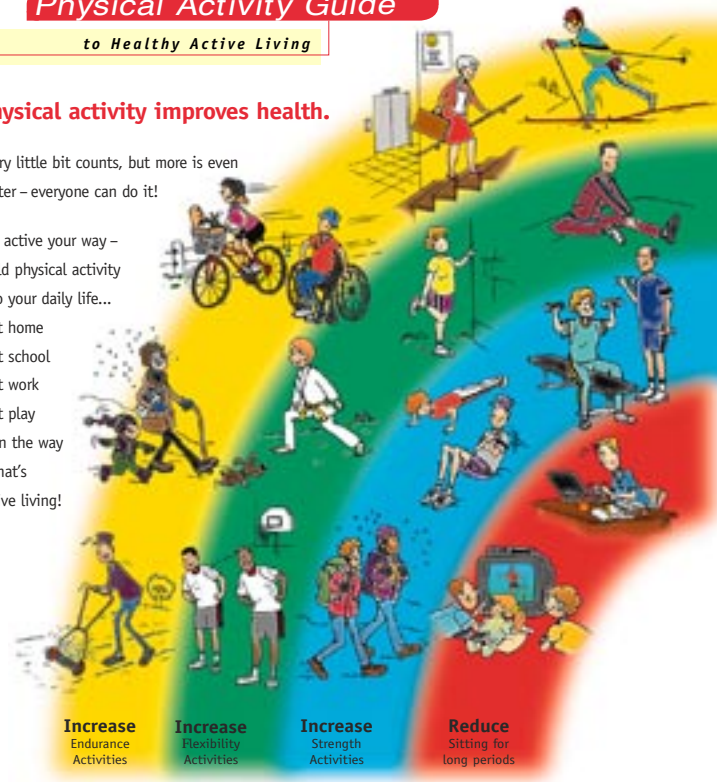
CANADA'S   
**Physical Activity Guide**  
 to Healthy Active Living

## 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](http://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	20-30 minutes	20-30 minutes	
<ul style="list-style-type: none"> <li>• Strolling</li> <li>• Dusting</li> </ul>	<ul style="list-style-type: none"> <li>• Light walking</li> <li>• Volleyball</li> <li>• Easy gardening</li> <li>• Stretching</li> </ul>	<ul style="list-style-type: none"> <li>• Brisk walking</li> <li>• Biking</li> <li>• Raking leaves</li> <li>• Swimming</li> <li>• Dancing</li> <li>• Water aerobics</li> </ul>	<ul style="list-style-type: none"> <li>• Aerobics</li> <li>• Jogging</li> <li>• Hockey</li> <li>• Basketball</li> <li>• Fast swimming</li> <li>• Fast dancing</li> </ul>	<ul style="list-style-type: none"> <li>• Sprinting</li> <li>• Racing</li> </ul>
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"> <li>• better health</li> <li>• improved fitness</li> <li>• better posture and balance</li> <li>• better self-esteem</li> <li>• weight control</li> <li>• stronger muscles and bones</li> <li>• feeling more energetic</li> <li>• relaxation and reduced stress</li> <li>• continued independent living in later life</li> </ul>	<ul style="list-style-type: none"> <li>• premature death</li> <li>• heart disease</li> <li>• obesity</li> <li>• high blood pressure</li> <li>• adult-onset diabetes</li> <li>• osteoporosis</li> <li>• stroke</li> <li>• depression</li> <li>• colon cancer</li> </ul>

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.

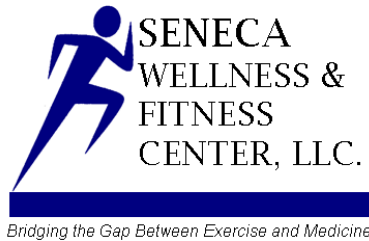
Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). **Can. J. Spt. Sci.** 17:4 338-345.

For more information, please contact the:

Canadian Society for Exercise Physiology  
 202-185 Somerset Street West  
 Ottawa, ON K2P 0J2  
 Tel. 1-877-651-3755 • FAX (613) 234-3565  
 Online: [www.csep.ca](http://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).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (révisé 2002)».



## CANCELLATION POLICY

Please be on time. Our time and your time is valuable. We want to be able to provide to you the best care we can. If you are late that affects how much we are able to work with you and how much you get out of our time together.

- ⇒ I agree to give 24 hours notice prior to my appointment time in the event of a cancellation.
- ⇒ If I am unable to cancel without proper notice, I will pay the **full** amount for my session. It is understood there may be medical or family emergencies, which may prevent me from giving 24 hours notice - these will be handled on a case-by-case basis.
- ⇒ If I am late, my session will still finish on time.
- ⇒ My health and fitness professional agrees to give me 24 hours notice prior to being unable to keep an appointment.
- ⇒ If my health and fitness professional is unable to cancel without proper notice, I will receive **one equal** session free. It is understood there may be medical or family emergencies, which may prevent them from giving 24 hours notice.

Thank you for your understanding and consideration.

Best in health,  
Seneca Wellness & Fitness Center Staff

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Client Signature

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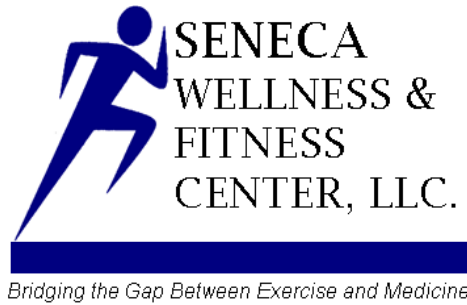
Date

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Witness Signature

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Date



## Automatic Credit Card Billing Authorization Form

I, \_\_\_\_\_ authorize Seneca Wellness & Fitness Center, LLC. (Wellness) to keep my signature on file and to charge my account for recurring (on-going) monthly fees not to exceed \$ 60.00.

Charges of \$ \_\_\_\_\_ are to occur on the 1<sup>st</sup> day of each month starting \_\_\_\_\_.  
(date)

I assign my credit card account number to Wellness. I understand that this form is valid until I give a 30-day written notice to cancel the authorization to Wellness.

Client's Name \_\_\_\_\_

Card Holder's Name \_\_\_\_\_  
(as shown on credit card)

Card Holder's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(billing address – required)

Visa    MasterCard    Other \_\_\_\_\_

Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

### Questions & Answers

- Q. May I set a limit for the amount Wellness can automatically bill?  
 A. Yes. The amount is indicated in the appropriate section of the form.
- Q. Will I receive a statement or receipt for the charges automatically billed to my card?  
 A. You will receive a copy of this Credit Card Authorization Form. All authorized charges will appear on your monthly statement, just like any other purchase.
- Q. What is an automatic billing procedure?  
 A. It is a convenient payment method in which you authorize Wellness to automatically bill your credit card for recurring monthly charges. All charges must be in accordance with your agreement.
- Q. How does the automatic billing procedure work?  
 A. The form is used to automatically bill your account for recurring fees. Simply specify the amount, frequency and start date on the form.
- Q. How do I cancel automatic billing?  
 A. Provide a written 30-day notice to Wellness.