

**CFS ST. JOHN'S  
REGULAR RECREATION MEMBERSHIP FORM**

Membership Number: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Membership Type: \_\_\_\_\_ Proof of affiliation: \_\_\_\_\_

Paid: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name/Initials: \_\_\_\_\_

Rank: \_\_\_\_\_ Service Number: \_\_\_\_\_ Unit: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone (Local): \_\_\_\_\_

Email: \_\_\_\_\_ Phone (Other): \_\_\_\_\_

Birthdate (DD/MMM/YYYY): \_\_\_\_\_

**Family Members**

<b>Surname</b>	<b>Name</b>	<b>Date of Birth</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby agree to follow all Recreation Membership rules and regulations and certify that the above information is correct.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Staff Signature Date

\_\_\_\_\_  
**Gym may be closed on short notice due to military requirements**

**RECREATION SERVICES, RELEASE OF LIABILITY  
WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNIFICATION  
AGREEMENT**

I, ....., of ....., realizing and acknowledging the inherent risks and dangers of participating in CFS St. John's Recreation Program, on behalf of myself, my heirs, devisees, successors, assigns, executors and administrators, in consideration of being permitted to participate in Activities (including fitness, sports, and recreation activities) at the Canadian Forces Station St. John's Recreation Centre or affiliated facilities, do hereby:

a. waive all claims of any nature or kind whether in contract, tort, negligence or otherwise, against Her Majesty the Queen in right of Canada, Her officers, servants, agents, employees and members of Her Canadian Forces, and against those members' Non-Public Property, and against the Canadian Forces Morale and Welfare Services, its officers, servants, agents and employees, all in their employment and private capacities, in any manner arising out of, based upon, occasioned by or attributable to the activities of them, including negligence on their part, or any action taken or things done or maintained by virtue thereof; b.

having determined and acknowledged that the activity is inherently hazardous and may result in physical harm and wishing in any event to carry out the activity, voluntarily assume any risks that may be associated with the activity;

c. at all times indemnify and save harmless Her Majesty the Queen in right of Canada, Her officers, servants, agents, employees and members of Her Canadian Forces, and those members' Non-Public Property, and the Canadian Forces Morale and Welfare Services, its officers, servants, agents and employees, from and against all claims and demands, loss, costs, damages, actions, causes of action, suits or other proceedings by whomsoever made, brought, or prosecuted in a manner, related to any loss, property damage, personal injury or death, resulting from, occasioned by or attributable in any way to my presence on or at the CFS St. John's Recreation Centre or affiliated facilities; d. covenant that I will not commence or maintain against any person, any action or proceeding which will give rise to a claim against Her Majesty the Queen in right of Canada, Her officers, servants, agents, employees and members of Her Canadian Forces, or against those members' Non-Public Property, or against the Canadian Forces Morale and Welfare Services, its officers, servants, agents and employees, for contribution or indemnity; and e. acknowledge having read this Release of Liability, Waiver of Claims, Assumption of Risks and Indemnification Agreement and understanding the Agreement is intended to be broad and all inclusive so as to preclude any claims, indicate my acceptance of this document by my signature.

DATED at ....., this ..... day of ....., 20.....

WITNESS .....SIGNATURE .....

# 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 \_\_\_\_\_

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.**

