

Agency _____

Location _____ **Informed Consent Agreement**

Capitol Wellness Center

Office Contact# _____ - _____

Thank you for choosing to use the facilities, services, or programs of the Office of Management & Enterprise Services (OMES) and the Oklahoma State Department of Health (OSDH) Capitol Wellness Center. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I declare that I intend to use some or all of the activities, facilities, programs and services offered by OMES & OSDH and I understand that each person, myself included, has a different capacity for participating in such activities, facilities, programs and services. I am aware that I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive. _____ (Initial)

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental or emotional) and to the awareness, care, and skill with which I conduct myself in any activity or program. I represent that I have no medical reason or impairment that might prevent me from the intended use of the Wellness Center, I acknowledge that my choice to participate in any activity, service and program of the OMES or OSDH brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use. I represent that it is my desire to engage voluntarily in any exercise program and acknowledge that the Wellness Center did not provide any medical advice before I did so and cannot give me any after I join relating to my physical condition and ability to use the Facility. If I have any health or medical concerns now or after I join, I will discuss them with my doctor before using the Facility. _____ (Initial)

I further understand that the activities, programs, and services offered by OMES & OSDH Capitol Wellness Center are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services. _____ (Initial)

I recognize that while participating in the activities, facilities, programs, and services offered by OMES & OSDH Capitol Wellness Center, I may experience potential health risks such as transient lightheadedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest employee and/or volunteer of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a employee and/or volunteer who observes any symptoms of distress or abnormal response. _____ (Initial)

The Wellness Center is not liable to me for any personal property that is damaged, lost, or stolen while on or around premises including but not limited to a vehicle or its contents or any property left in a locker. If I cause any damage to the Wellness Center I will be liable to the facility for its cost of repair or replacement. I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by OMES & OSDH Capitol Wellness Center at any time before, during, or after participation. _____ (Initial)

At this time I choose to waive a formal equipment training session. _____ (Initial)

I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Participant (Print) _____ Date _____

Participant (Signature) _____ Date _____

Witness _____ Date _____

State Capitol Wellness Center

Physical Activity Readiness-Questionnaire (PAR-Q)

Name: _____ Date: _____
Emergency Contact: (Name) _____ (Relationship) _____
Telephone (Day) _____ (Even) _____

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

- | | | | |
|---|---|----|---|
| Y | N | 1. | Has a physician ever said that you have a heart condition and that you should only do physical activity recommended by a physician? |
| Y | N | 2. | Do you feel pain in your chest when you do physical activity? |
| Y | N | 3. | In the past month, have you had chest pain when you were not doing physical activity? |
| Y | N | 4. | Do you lose your balance because of dizziness or do you ever lose consciousness? |
| Y | N | 5. | Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| Y | N | 6. | Are you pregnant or post-partum? |
| Y | N | 7. | Do you have insulin dependent diabetes? |
| Y | N | 8. | Do you have asthma, COPD, or any respiratory disorder that could be made worse with exercise? |
| Y | N | 9. | Do you know of <u>any other reason</u> why you should not do physical activity? |

IF YOU ANSWERED:

YES to one or more questions:

Talk to your physician by phone or in person **BEFORE** you start becoming more physically active. Tell your physician 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 slow and progress gradually
- You may need to restrict your activities to those which are safe for you
- Follow your physician's advice about the kinds of activities recommended

NO to all questions:

If you honestly answered no to all questions, you can be reasonably sure that you can:

- Start becoming more physically active.
- Begin to take part in a fitness training program.
- Remember to start slow and build up gradually

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Participant's
Signature: _____ Date: _____
Signature of
Parent/Guardian: _____ Witness: _____