



Promoting Good Health and Helping Manage Health Care Costs

VENTURA COUNTY WELLNESS PROGRAM

WAIVER FORM

I am participating on a voluntary basis in this Ventura County Wellness Program's **"Four Weeks to Fitness: Boot Camp"** Class. My participation is on my own time and this activity is not work related or work required.

I understand that recreational/athletic activities may result in injuries to the participants. I believe that I am in good enough health (if over 35, it is advisable that this activity is cleared with your doctor) to safely participate in this activity.

I have read and understand the labor Code section on the bottom of this form regarding off-duty recreational activities.

Name (please print)

Signature

Date

Labor Code Section 3600

- (a) Liability for Worker's compensation exists.... in those cases where the following conditions of compensation concur:
- (9) Where the injury does not arise out of voluntary participation in any off-duty recreational, social, or athletic activity not constituting part of the employee's work-related duties, except where these activities are a reasonable expectancy of, or any expressly or implied required by, the employment....

The Administrative Director of the State Department of Industrial Accidents has suggested the following wording to be used to inform employees of the intent of Section 3600 (a)(9) of the Labor Code:

"Your employer may not be liable for the payment of Worker's Compensation benefits for any injury which arises out of an employee's voluntary participation in any off-duty recreational, social, or athletic injury which is not part of the employee's work related duties."

Physical Activity Readiness Questionnaire (PAR-Q)
(The PAR-Q is for People Aged 18-69)

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 participating in a group fitness class.

PAR-Q will tell you if you need to check with your doctor before starting to participate in a fitness class.

If you are 70 years of age or older, you will need to receive clearance from your physician to participate –see form on reverse side/page 2 of document (Physician’s Clearance Form).

Please read the questions carefully and answer each one honestly.

Yes 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?

Yes No 2. Do you feel pain in your chest when you do physical activity?

Yes No 3. In the past month, have you had chest pain when you were not doing physical activity?

Yes No 4. Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes No 5. Do you have a bone or joint problem (e.g. back, knee, or hip) that could be made worse by a change in your physical activity?

Yes No 6. Is your doctor currently prescribing drugs (e.g. water pills) for your blood pressure or heart condition?

Yes No 7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions:

Talk with your doctor by phone or in person in order to be cleared for participation in a fitness program. Tell your doctor about the PAR-Q and about the questions to which you answered YES.

- Share the form on the reverse side of this sheet with your doctor in order to obtain his/her clearance to participate in an exercise program.
- Talk with your doctor about the activities that you wish to participate in and follow his/her advice.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming more physically active – begin slowly/build gradually.
- Take part in a fitness appraisal – this is an excellent way to determine you 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 140/90, talk with your doctor before you start becoming much more physically active.
- Note: If your health changes so that you then answer YES to any of the above questions, please consult with your doctor for a physical evaluation and request another PAR-Q form.

Name _____ Date of Birth _____

Signature _____ Today’s Date _____

Physician's Clearance Form

On the Physical Activity Readiness Questionnaire you just completed, you either indicated that you were at least 70 years old or you identified that you have one or more medical risk factors, which may impair your ability to exercise safely. Therefore, you must have a physician complete and return this medical clearance form before you can begin/continue exercising.

We recognize that you are eager to participate in a fitness program, and we sincerely regret any inconvenience that this may cause you. However, please keep in mind that we want your exercise experience to be as safe as possible. For this reason, we have implemented this policy of requiring physician's clearance that follows the current standards of the American College of Sports Medicine. In order to expedite this process, we will gladly fax this form directly to the physician of your choice. If the doctor is aware of your medical history, he/she may be able to complete this form and fax it right back to us.

To Be Completed By Program Participant

I hereby give my physician permission to release any pertinent medical information from any medical records. All information will be kept confidential.

Patient's signature _____ Date _____
Information requested for _____
Reason for requesting medical clearance _____
Physician's name _____ Phone # _____
Fax # _____ Address _____

For Physician Use Only

Please check one of the following statements:

- I concur with my patient's participation with no restrictions.
 I concur with my patient's participation in an exercise program if he/she restricts activities to:

 I do not concur with my patient's participation in an exercise program

Reason: _____

Physician's name _____

Physician's signature _____ Date _____