



Health and Wellness
Activity Event
Exercise Waiver Consent Form

This is to certify that I, _____ release Miami Dade College, of any claims, suits losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury of death, accidental or otherwise, during, or arising in any way from the Wellness/Fitness center and/or activities including use of all exercise equipment and facilities.

I further attest that I am in good health and not at risk to take part in aerobic activities and / or muscle strengthening activities.

I understand that the possibility of certain physiological changes occurring during the exercise session exists. These changes could include abnormal blood pressure responded, fainting, dizziness, abnormal heart rhythm, and in rare instance heart attack, and various muscle and joint injuries.

In signing this form I affirm my understanding of the purpose of the Wellness/Fitness Center and/or activities and consent to participate on my own free will, knowing I may withdraw from participation at my time.

Signature Date

Parent Signature if 17 and Younger Date

Print Name Student No./MDC ID#

Address

City State Zip-Code

E-mail Phone #

In case of Emergency call (Name) _____ Relation _____

Phone Number (_____) _____



PAR - Q & YOU

(A Questionnaire for People Aged 1-69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active everyday. Being more active is very safe for most people. However, some people should check with their doctor before they start an exercise program.

If you are planning to become more physically active than you are now, start by answering the questions in the box below. If you are between the ages of 1-69, 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 before engaging in physical activity. If you are under 19 please have your parents sign the form as well.

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

Table with 2 columns (YES, NO) and 14 rows of questions regarding heart conditions, chest pain, balance, joint problems, special needs, medications, supplements, pregnancy, blood sugar, seizures, diabetes, and allergies.

***If you answered YES to any of the above questions, MDC Fitness, Wellness and Aquatic Center requires Medical Clearance from your physician prior to admittance in the program/center. I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

NAME (please print) SIGNATURE DATE
MDC ID# BIRTHDATE (Month) (Day) (Year)

Please do not write below this line, authorized for personnel only. Staff must initial to be valid. (Staff initials)

Access Allowed/Access Denied checkboxes for Registered Student, Signed Rules and Policies, MDC Employee-Faculty, MDC Employee-Staff. Includes fields for Form received on and BY.