

Collin College
Health and Physical Education Department

Instructor's Name _____ Course _____ Semester _____
Full Name _____ Date of Birth _____ Age _____
Local Address _____ City _____ State _____ Zip _____
Home Phone () _____ Business Phone () _____

In case of emergency treatment, please provide the following:

Known Medical Conditions _____
Known Allergies _____
Contact person in case of emergency: _____ Phone: _____

PAR-Q

Yes	No	
_____	_____	1. Has your doctor ever said you have heart trouble?
_____	_____	2. Do you frequently suffer from pains in your chest?
_____	_____	3. Do you often feel faint or have spells of severe dizziness?
_____	_____	4. Has a doctor ever said your blood pressure was too high?
_____	_____	5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
_____	_____	6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
_____	_____	7. Are you over the age of 65 and not accustomed to vigorous exercise?
_____	_____	8. Are you pregnant?

1. In consideration of gaining membership or being allowed to participate in the activities and programs of Collin College and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge Collin College and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Collin College or the use of any equipment at Collin College. Nothing in this release shall be construed to be a waiver of governmental or official immunity. **(Please Initial)**.

2. I understand and am aware that strength training, flexibility, and aerobic exercises, including the use of equipment, is a potentially hazardous activity. I also understand that fitness and sport activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. **(Please Initial _____)**.

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of Collin College or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate **(see release on back)**, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. **(Please Initial _____)**.

Date: _____ Signature _____

INFORMED CONSENT

Accidents and injuries are relatively rare in Physical Education classes and the faculty of this department take every precaution to prevent all such occurrences. Nevertheless, in dynamic human movement activities, such as sports, risks of injuries including sprains, joint dislocations, broken bones, heat exhaustion, partial or complete paralysis, and even death do exist.

While the instructor in each class does everything possible to help you avoid injury, as an adult you do assume the responsibility for any injury you incur as a result of the inherent risk of the activity. It is therefore important that you follow safety and skill instructions of your teacher at all times.

I have read the above statement, had it explained to my satisfaction, and I understand it.

Signature: _____ Student ID No. _____
Printed Name: _____ Date: _____
Instructor: _____ Course: _____
Semester: _____ Year: _____

Do not complete below this line unless asked to do so.

PHYSICIAN

This person is a potential student for physical education classes at Collin College. Your opinion of the applicant's medical fitness for _____ is requested.
Class

Physician's Impression

_____ I find no medical conditions that I consider incompatible with physical education classes.
_____ I am unable to recommend this individual for participation in physical education classes.

Remarks

_____, M.D. Date _____
Physician's Signature

Physician _____ Clinic/Hospital _____

Address _____

Phone () _____

- Return this medical history to your instructor -

Instructor: All medical histories should be on file in the Physical Education office at Spring Creek (A218), Fitness Center office at Preston Ridge Campus, or Fitness Center office at Central Park Campus (E121).