PARTICIPANT INFORMED CONSENT STATEMENT

I desire to participate voluntarily in the membership and programs of the YMCA of Central Ohio in an attempt to affect my well being and the physical activity of my lifestyle. In doing so, I understand and agree with the following statements.

YMCA Policy

The YMCA of Central Ohio seeks to safeguard the health and well being of its members. We consider the practices of Participant Informed Consent, Physical Activity Readiness Assessment (PAR-Q), and Medical Clearance for Activity (PARMED-X) to be vital to the quality of care delivered through our membership privileges, programs, employee activities, and affiliated service agents. We recognize our members' right to pursue self-directed fitness and health enhancing activities without unreasonable restrictions placed upon them by the YMCA. In the interest of providing a safe and effective setting for our members' pursuits we will: promote information about the inherent risks associated with YMCA activities; make a self-administered Physical Activity Readiness Questionnaire (PAR-Q) available upon acquisition of a membership, perform the PAR-Q process with all participants involved with physical activity intervention programs and Personal Wellness Plan development; and require Medical Clearance for Activity (PARMED-X) when apparently significant health risks are present. We will require that a member sign a Risk Waiver if they decide not to obtain a completed PARMED-X form by the physician when requested to do so by YMCA staff.

I understand that physical activity may include efforts that stress the cardiovascular, neurological, muscular, skeletal, and other physiological systems of the body. The reaction of these systems to physical activity cannot be predicted with complete accuracy. The YMCA's programs promote gradual progressions of activity frequency, volume, and intensity within appropriate guidelines for aerobic, endurance, resistance, flexibility, and skill specific activities. I recognize there is a risk for strained muscles, sprained joints, heart attack, brain attack, and other medical incidents during or after physical activity.

I may choose to participate in activity and wellness assessments and understand that the results of these assessments are not to be construed as diagnostic. This information will be used to establish directions and guidelines for my activity and wellness programming.

I understand that I am responsible for monitoring my own condition during physical activity and fitness assessments. I will inform the activity leader of unusual symptoms and may elect to cease activity. I acknowledge that the YMCA recommends that I consult with my physician prior to beginning an exercise program of if I have any reason to believe that exercise may cause some harm or present a danger to me.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the risks and precautions associated with physical activity. I also affirm that my questions about physical activity and risks associated with YMCA membership and programs have been answered to my satisfaction.

In consideration for being allowed to participate in YMCA membership and programs, I agree to assume the risk of such activities and further hold harmless the YMCA, employees and volunteers from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from my YMCA involvement.

Member(s) Signature	Member(s) Name Printed	Guardian Signature (<18)	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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YMCA Representative	YMCA Name Printed	Date
_____	_____	_____

YMCA 4/6/01

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