



Print Name _____ BU ID# _____ Sport _____

To be read and signed by the Student-Athlete and the Parent /Guardian if the Student-Athlete is under 18 years old.

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE – PAR-Q

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with a healthcare professional before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor prior to engaging in physical activity

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.

<input type="checkbox"/> Yes	<input type="checkbox"/> 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?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Do you have a bone or joint problem (for example: back, knee, hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Is your doctor currently prescribing drugs for your blood pressure or heart condition?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Do you know of any other reason why you should not do physical activity?

ACKNOWLEDGMENT OF RISKS AND WAIVER OF CLAIMS

I understand, recognize, and acknowledge that participating in any sport or physical activity can be dangerous and can involve many risks of serious injury and/or death. I understand that the dangers and risks include, but are not limited to, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to internal organs, bones, and other parts of the skeletal/muscular system, and other serious physical and other injuries. I understand that the dangers and risks also include other impairment of health and well-being, including impairment affecting the future ability to earn a living, engage in educational, occupational, social, and recreational activities, and generally enjoy life. I acknowledge that it is my responsibility to understand and obey instructions and rules for any sport or other physical activity or use of equipment, and to seek help from the coaching, athletic training, and other staff if I have questions. I understand that, notwithstanding precautions taken by Boston University, however, there are risks of serious injury and/or death.

I am voluntarily participating in sports and other physical activities and using equipment while at Boston University with knowledge of the dangers and risks involved. I hereby assume and accept any and all risks associated with my participation in sports or other physical activities at Boston University (whether at Boston University’s athletic facilities or elsewhere).

In consideration of being presented an opportunity to participate in sports and other physical activities at Boston University and to use associated equipment, I (on behalf of myself any my heirs and assigns) do hereby release, hold harmless, and forever discharge and agree not to sue Trustees of Boston University and its trustees, officers, agents, volunteers and employees from and for any and all claims, responsibilities, liabilities, demands, damages and causes of action of any nature whatsoever for, on account of, or by reason of my participation in sports or other physical activities at Boston University (whether at Boston University athletic facilities or elsewhere), whether or not caused by the ordinary negligence of Boston University.

I have read and understand this document, and I voluntarily agree to be bound by it.

 Signature of Student-Athlete

 Birthdate (mm/dd/yy)

 Age

 Date (mm/dd/yy)

 Name of Parent/Legal Guardian (PRINT)

 Signature of Parent/Guardian

 Date (mm/dd/yy)