



T H E S P O R T S C L U B / L A

**2010 ACTIVE DOCTORS CONFERENCE  
WAIVER OF LIABILITY**

**EACH PARTICIPANT IS REQUIRED TO SUBMIT A SIGNED WAIVER OF LIABILITY PRIOR TO PARTICIPATING IN THE FITNESS PORTION OF THE CONFERENCE.**

I, the undersigned, acknowledge that I will be engaging in physical exercise and fitness classes (the “Classes”) at The Sports Club/LA – Boston (the “Club”) as part of the Active Doctors Conference (the “Conference”), on November 12-14, 2010. I understand that before participating in the Classes, I am required to complete and sign this Waiver of Liability and the attached Physical Activity Readiness Questionnaire (PAR-Q). By signing below, I acknowledge and agree with the following:

- I must comply with the Club’s by-laws and published rules and regulations. Any violation of these rules and regulations may result in immediate termination of my participation in the Classes and access to the Club facilities.
- I represent that: (1) I have completed the attached Physical Activity Readiness Questionnaire (PAR-Q) and the information therein is correct and complete, (2) I am in good physical condition and capable of participating in the Classes, (3) I have no disabilities, illnesses or any other condition preventing me from exercising, (4) I have consulted a licensed physician (if necessary based on my responses to the PAR-Q), to determine what activities are appropriate given my physical conditioning, and (5) my physician has approved my contemplated exercise activities.
- Some of the Classes involve strenuous and intensive physical activity. Engaging in physical exercise includes an inherent risk of minor or major life threatening injury to persons and property, and death, including, but not limited to injury arising from or relating to participation in exercise, training or instruction or use of the Club’s facilities, equipment, services, and instruction. I am voluntarily participating in the Classes and I assume all risk and full responsibility of injury, illness, damage or loss to my person or property that may result from my participation in the Classes or use of the Club.
- On behalf of myself, my family members, heirs and assigns, I hereby waive and release the Club, and its owners, affiliates, subsidiaries, employees, officers, directors, contractors and agents (collectively, the “Club Indemnitees”) from any claim, action, suit, demand, liability, expense or judgment, including attorneys' fees and court costs (collectively "Claims") that I may have hereafter against the Club Indemnitees arising from or related to my participation in the Classes or use of the Club facilities, equipment, services, or instruction, except to the extent caused by the gross negligence or willful misconduct of the Club. I further agree to indemnify the Club Indemnitees from any and all Claims arising from or related to any act, illness, injury or damage to person or property caused by me. The Club is not responsible for loss, damage or theft of personal property of guests while in or on the Club premises.

I acknowledge that I have carefully read this Waiver of Liability and fully understand its contents. I understand that by signing below, I agree to assume all risks of participating in the Classes and waive any right that I may have to bring legal action against the Club Indemnitees for any illness, injury or damage to person or property that may result from my participation in the Classes or use of the Club.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Participant Name

**PLEASE EMAIL OR FAX THIS COMPLETED FORM TO MARY ALICE HANFORD AT [MHANFORD@PARTNERS.ORG](mailto:MHANFORD@PARTNERS.ORG) OR 508-872-1205.**

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q) AND YOU

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 they start becoming much more physically active.

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 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.

Common sense is your best guide in answering these few questions. Please read them carefully and check the yes or no opposite the question if it applies to you.

- 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 that could be made worse by a change in your physical activity?
- Yes  No  6. Is your doctor currently prescribing drugs (for example, 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...

- If you have not recently done so, consult with your personal physician by telephone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness evaluation. Tell your doctor about the PAR-Q and which questions you answered YES.
- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

### If you answered NO to all questions...

- You can be reasonably sure that you can start becoming much more physically active. We recommend that you begin slowly and build up gradually. This is the safest and easiest way to go.
- You should also take part in a fitness evaluation. This is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

---

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE EMAIL OR FAX THIS COMPLETED FORM TO MARY ALICE HANFORD AT [MHANFORD@PARTNERS.ORG](mailto:MHANFORD@PARTNERS.ORG) OR 508-872-1205.**