

# **ICORD Physical Activity Research Centre**

## **MEMBERSHIP FORM**

**ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred method of contact:

\_\_\_\_ Phone      \_\_\_\_ Email      \_\_\_\_ Text

\_\_\_\_ Video conference      \_\_\_\_ Other: \_\_\_\_\_

### CONTACT IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Current Doctor – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PARC TERMS, CONDITIONS AND WAIVER

Name (First, Last): \_\_\_\_\_

Birthdate (M/D/Y): \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

### MEMBERSHIP TERMS AND CONDITIONS

I have read, understand, and agree to abide by the Facility Rules and Regulations for all PARC programs. I acknowledge and agree that it is my responsibility to ensure that I am physically and mentally capable to participate in PARC programs. I am aware that I must complete a Get Active Questionnaire (GAQ) form prior to participating in any PARC program. I understand that I am required to discuss any "yes" responses to the GAQ with the PARC Manager (or other PARC employed CSEP certified Clinical Exercise Physiologist or Personal Trainer as directed) and may be required to obtain clearance from a health care provider prior to participating. Furthermore, I must also provide an updated GAQ form and advise a PARC Manager or Supervisor if my health status changes (applies to all programs/services). I acknowledge that I must report all injuries or illnesses to the staff delivering the program in which I am participating. I acknowledge and agree that PARC may prevent or restrict my participation in any program and/or service if it believes that it is not safe for me to participate, in its sole discretion.

### COMMUNICABLE DISEASE PREVENTION POLICY

I agree to follow the transmission prevention strategies described within the UBC Communicable Disease Prevention Framework 2022 (UBC Safety & Risk Services website). I will assess myself for signs and symptoms associated with COVID-19 prior to attending PARC and I will not attend if I am experiencing any signs or symptoms. I understand that PARC programs and operations may need to be modified should there be changes to the Communicable Disease Prevention Framework.

### INFORMED CONSENT

I, the undersigned do hereby acknowledge my consent to join in exercise and physical activity at PARC. I understand that there are small but potential risks during physical activity (e.g., episodes of transient lightheadedness, loss of consciousness, abnormal blood pressure, chest discomfort, leg cramps, nausea), and that I willfully assume those risks. I understand my obligation to immediately inform PARC staff of any pain, discomfort, fatigue, or any other symptoms that I may have during and immediately after exercise. I understand that I may stop or delay any further exercise at any time if I so desire. I have understood and completed a health screening process [e.g., using the Get Active Questionnaire] and have been deemed ready to participate in a fitness assessment and/or become more physically active.

I AGREE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date(M/D/Y): \_\_\_\_\_

Witness Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date(M/D/Y): \_\_\_\_\_

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUPTION OF RISKS  
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,  
INCLUDING THE RIGHT TO SUE IN THE EVENT OF INJURY**

**TO: THE UNIVERSITY OF BRITISH COLUMBIA, including PARC at ICORD**

**ASSUMPTION OF RISKS**

I am aware that **using the PHYSICAL ACTIVITY RESEARCH CENTRE (PARC) and/or participating in any PARC programs and/or services** involves many risks, dangers and hazards including, but not limited to: overexertion or lack of conditioning or fitness; defective, dangerous or unsafe equipment; use, misuse or non-use of any equipment; dangerous or unsafe conditions in any facilities; impact or entanglement with obstructions, apparatus, equipment, floor surface or walls; contact or collision with other participants; negligence of other participants; and **NEGLIGENCE ON THE PART OF THE UNIVERSITY OF BRITISH COLUMBIA OR ITS EMPLOYEES INCLUDING THE FAILURE ON THE PART OF THE UNIVERSITY OF BRITISH COLUMBIA OR ITS EMPLOYEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE.** I am also aware that the risks, dangers and hazards referred to above exist within a variety of facilities on or off campus, including but not limited to: roadways, parking areas, shower rooms, hallways, stairs, elevators, change rooms, fields, campus buildings and other facilities, including my own or other at home and/or facilities (for online programs).

**I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH MY USE OF THE PHYSICAL ACTIVITY RESEARCH CENTRE AND MY PARTICIPATION IN ANY PROGRAMS AND/OR SERVICES OFFERED BY PARC AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.** I am also aware that the University of British Columbia does not carry accident or medical or dental insurance on my behalf.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS**

In consideration of the University of British Columbia allowing me to use the **PHYSICAL ACTIVITY RESEARCH CENTRE** and/or to participate in any PARC programs and/or services and permitting my use of its equipment, structures and other facilities, and for good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

**1. TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against **THE UNIVERSITY OF BRITISH COLUMBIA**, its Board of Governors, directors, officers, employees, agents and representatives, (all of whom are hereinafter collectively referred to as "THE RELEASEES") and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer, resulting from my use of the Physical Activity Research Centre and/or my participation in any PARC programs and/or services **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.B.C. 1996, c. 337, ON THE PART OF THE RELEASEES, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE;**

2. This Agreement and any rights, duties and obligations as between the parties to this Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction; and
3. Any litigation involving the parties to this Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia.

In entering into this Agreement I am not relying upon any oral or written representations or statements made by the Releases with respect to the safety of the Physical Activity Research Centre (PARC) and/or any UBC PARC programs and/or services other than what is set forth in this Agreement.

**I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AGREE TO THE ABOVE TERMS AND I WAIVE CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES. I ALSO UNDERSTAND THAT THIS AGREEMENT WILL BE IN EFFECT FOR THE DATE OF SIGNING BELOW AND FOR A FURTHER **ONE YEAR PERIOD**** (Initial) **DATE:** (M/D/Y)

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

\_\_\_\_\_  
Please print name clearly

## PARC USER AGREEMENT

The **Yuel Family Physical Activity Research Centre (PARC)** at ICORD is a community gym that provides state-of-the-art adaptive exercise and socialization opportunities for the local spinal cord injury community.

The agreement is designed to promote the enjoyment of PARC by users, staff, and volunteers, and to maintain the highest levels of safety and respect for everyone involved. PARC promotes an environment that is safe, fun and stimulating, and everyone at PARC should act accordingly.

The term “user” in this document refers to all individuals who attend PARC to engage in exercise, physical activity or to participate in social, research and educational activities taking place at PARC. Volunteers are the core of PARC and they commit a minimum of two hours per week of their time to facilitate workouts. Student staff are responsible for assistance with scheduling and supervision of volunteers.

PARC promotes values of inclusion and diversity. Everyone is expected to be respectful of everyone else in language and actions, irrespective of ability, gender identity, gender expression, sex, race, ethnicity, class, sexual orientation, and age. Inappropriate behaviour which includes harassment, bullying, intimidation or discrimination is not welcome.

### GENERAL BEHAVIOUR

PARC users are expected to:

- act in a respectful manner towards each other and staff and volunteers,
- conduct themselves in a way that reflects the PARC values,
- follow all operational rules and guidelines (these are posted at PARC),
- ask permission of everyone included before sharing pictures or videos taken at PARC
- stay home when sick,
- respect the role and professionalism of volunteers and staff
- advise the student supervisor on shift or the PARC Manager if they have any concerns about their own safety or the health and safety of others at PARC, or observe inappropriate behaviour.

### RELATIONSHIP TO STAFF AND VOLUNTEERS

Enjoy dealing with everyone at PARC because the social aspect and benefits of exercising are extremely important. Be mindful, however, that the professional expectations of staff and volunteers imply distinct roles between staff and users and this might impact how they choose to engage. Staff and volunteers have signed their own Code of Conduct which outlines their professional expectations. Please respect those limits and do not put staff and volunteers in uncomfortable situations that might be in conflict with their professionalism. As an example, consider the type of relationship and engagement you might have with your doctor or your physiotherapist.

Should any staff or volunteer be placed in an uncomfortable situation, they are obliged under their Code of Conduct to report this to the PARC Manager.

## **SIGNATURE**

Failure to respect the PARC User Agreement could result in removal from PARC facility and all PARC affiliated programs and events. If you have any questions, please contact the PARC Manager (Milly Zaletelj, [parc@icord.org](mailto:parc@icord.org)) or the PARC Principal Investigator/Faculty Advisory (Dr. Andrea Bundon, [andrea.bundon@ubc.ca](mailto:andrea.bundon@ubc.ca)).

**With my signature below, I affirm that I have read and understand the PARC User Agreement. I agree to comply with the above policies and will cooperate in their implementation.**

Signature\_\_\_\_\_

Date\_\_\_\_\_

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

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see [csep.ca/certifications](http://csep.ca/certifications)) or health care provider is advisable. **This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.**

- ☐ I am completing this questionnaire for myself.
- ☐ I am completing this questionnaire for my child/dependent as parent/guardian.

YES	NO	PREPARE TO BECOME MORE ACTIVE
		The following questions will help to ensure that you have a safe physical activity experience. Please answer <b>YES</b> or <b>NO</b> to each question <u>before</u> you become more physically active. If you are unsure about any question, answer <b>YES</b> .
		<b>1</b> Have you experienced <u>ANY</u> of the following (A to F) <b>within the past six months</b> ?
		<b>A</b> A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
		<b>B</b> A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
		<b>C</b> Dizziness or lightheadedness during physical activity?
		<b>D</b> Shortness of breath at rest?
		<b>E</b> Loss of consciousness/fainting for any reason?
		<b>F</b> Concussion?
		<b>2</b> Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?
		<b>3</b> Has a health care provider told you that you should avoid or modify certain types of physical activity?
		<b>4</b> Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?
		..... ➤ <b>NO</b> to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY ..... ➤
		<b>YES</b> to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE ... ➤ ➤

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

### 1 Have you experienced ANY of the following (A to F) within the past six months?

<p><b>A</b> A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?</p> <p><input type="checkbox"/> <b>YES</b></p>	<p>Physical activity is likely to be beneficial. If you have been treated for heart disease but have not completed a cardiac rehabilitation program within the past 6 months, consult a doctor – a supervised cardiac rehabilitation program is strongly recommended. If you are resuming physical activity after more than 6 months of inactivity, begin slowly with light- to moderate-intensity physical activity. If you have pain/discomfort/pressure in your chest and it is new for you, talk to a doctor. Describe the symptom and what activities bring it on.</p>
<p><b>B</b> A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?</p> <p><input type="checkbox"/> <b>YES</b></p>	<p>Physical activity is likely to be beneficial if you have been diagnosed and treated for high blood pressure (BP). If you are unsure of your resting BP, consult a health care provider or a Qualified Exercise Professional (QEP) to have it measured. If you are taking BP medication and your BP is under good control, regular physical activity is recommended as it may help to lower your BP. Your doctor should be aware of your physical activity level so your medication needs can be monitored. If your BP is 160/90 or higher, you should receive medical clearance and consult a QEP about safe and appropriate physical activity.</p>
<p><b>C</b> Dizziness or lightheadedness during physical activity</p> <p><input type="checkbox"/> <b>YES</b></p>	<p>There are several possible reasons for feeling this way and many are not worrisome. Before becoming more active, consult a health care provider to identify reasons and minimize risk. Until then, refrain from increasing the intensity of your physical activity.</p>
<p><b>D</b> Shortness of breath at rest</p> <p><input type="checkbox"/> <b>YES</b></p>	<p>If you have asthma and this is relieved with medication, light to moderate physical activity is safe. If your shortness of breath is not relieved with medication, consult a doctor.</p>
<p><b>E</b> Loss of consciousness/fainting for any reason</p> <p><input type="checkbox"/> <b>YES</b></p>	<p>Before becoming more active, consult a doctor to identify reasons and minimize risk. Once you are medically cleared, consult a Qualified Exercise Professional (QEP) about types of physical activity suitable for your condition.</p>
<p><b>F</b> Concussion</p> <p><input type="checkbox"/> <b>YES</b></p>	<p>A concussion is an injury to the brain that requires time to recover. Increasing physical activity while still experiencing symptoms may worsen your symptoms, lengthen your recovery, and increase your risk for another concussion. A health care provider will let you know when you can start becoming more physically active, and a Qualified Exercise Professional (QEP) can help get you started.</p>

After reading the ADVICE for your YES response, go to Page 2 of the *Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY*

Use this reference document if you answered **YES** to any question and you have not consulted a health care provider or Qualified Exercise Professional (QEP) about becoming more physically active.

**2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?**

☐ **YES**

If this swelling or pain is new, consult a health care provider. Otherwise, keep joints healthy and reduce pain by moving your joints slowly and gently through the entire pain-free range of motion. If you have hip, knee or ankle pain, choose low-impact activities such as swimming or cycling. As the pain subsides, gradually resume your normal physical activities starting at a level lower than before the flare-up. Consult a Qualified Exercise Professional (QEP) in follow-up to help you become more active and prevent or minimize future pain.

**3 Has a health care provider told you that you should avoid or modify certain types of physical activity?**

☐ **YES**

Listen to the advice of your health care provider. A Qualified Exercise Professional (QEP) will ask you about any considerations and provide specific advice for physical activity that is safe and that takes your lifestyle and health care provider's advice into account.

**4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?**

☐ **YES**

Some people may worry if they have a medical or physical condition that physical activity might be unsafe. In fact, regular physical activity can help to manage and improve many conditions. Physical activity can also reduce the risk of complications. A Qualified Exercise Professional (QEP) can help with specific advice for physical activity that is safe and that takes your medical history and lifestyle into account.

After reading the ADVICE for your YES response, go to Page 2 of the  
**Get Active Questionnaire – ASSESS YOUR CURRENT PHYSICAL ACTIVITY**

## WANT ADDITIONAL INFORMATION ON BECOMING MORE PHYSICALLY ACTIVE?

### ► [csep.ca/certifications](https://csep.ca/certifications)

CSEP Certified members can help you with your physical activity goals.

### ► [csep.ca/guidelines](https://csep.ca/guidelines)

Canadian 24-Hour Movement Guidelines for all ages.



## ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)?  DAYS/  
WEEK
  - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity?  MINUTES/  
DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day:  MINUTES/  
WEEK

Canadian 24-Hour Movement Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see [csep.ca/guidelines](http://csep.ca/guidelines)).

## GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.

## DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.  
If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1

I answered **YES** to any question on Page 1

Sign and date the Declaration below

Check the box below that applies to you:

- ☐ I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- ☐ I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (+ Name of Parent/Guardian if applicable) [Please print]	Signature (or Signature of Parent/Guardian if applicable)	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Email (optional)	Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- ☐ Check this box if you would like to consult a QEP about becoming more physically active.  
(This completed questionnaire will help the QEP get to know you and understand your needs.)