



Private Swim Lesson Request Form

ADULTS ONLY

Aquatic Center BLDG 3319 • (817) 782-1221

Please fill out this form in its entirety and return to the Aquatic Center or e-mail to April.J.Long@navy.mil

Name: _____ **Phone #:** _____

E-mail Address: _____

Your Status: Active Duty Reservist Retiree Dependent DOD Civilian

Session length desired: 30 minutes 1 hour

Swimming Goals (Be specific with experience):

- a)
- b)
- c)

Swim Lesson Agreement

Due to high demand for instructors, all patrons must understand and agree to the following:

- a. Active Duty and Reservists have priority
- b. To have a session rescheduled the patron must contact the Trainer within 48 hours.
This will allow the patron not to lose that session
- c. Patron will be allowed Two (2) 48 hour cancellations for reschedule
- d. Any notice less than 24 hours will not be rescheduled unless the personal trainer decides otherwise
- e. Two (2) no shows
- f. Two (2) cancellations with 24 hours notice

Signature

Date

CONSENT AND LIABILITY WAIVER

I, _____, acknowledge that I will be participating in weight and/or cardiovascular training in any NAS Fort Worth JRB Navy fitness area.

I understand that the cardiovascular equipment, weight machines, and free weights in the fitness centers were not designed for specifically any age. Therefore, some have an increased risk for injury. I also understand that a possibility for injuries exists when utilizing weight training equipment and that these injuries **MAY** have a permanent effect on the body. Any questions regarding your risk for injury should be directed to your family physician.

I understand that I must be in good physical condition and free from any medical condition that may be aggravated by physical activity. I also understand that I must have a physical examination by a physician within the past 12 months.

I understand that areas and hours of use of fitness centers by patrons may vary from base to base and that local rules and restrictions will apply.

I waive, indemnify, exonerate, hold harmless MWR, facility staff and the US Navy and their assigns for any claims, demands and causes of action (including defense costs and attorney's fees) arising out of or pertaining to any loss, damage, injury or death sustained, caused by any negligent act or act of omission, or breach of duty related to the MWR facility. This release applies whether or not any claim, demand, action or suit is based on or alleged to be based on or in part, the negligent act or act of omission, or similar conduct of those parties are hereby released and indemnified. The undersigned does hereby assume all risks and hazards in use of this MWR facility. The undersigned hereby acknowledges that he/she possesses adequate medical and hospitalization insurance coverage in case of injury.

Signature

Date

THE PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of the PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common Sense is your best guide in answering these questions. Please read them carefully and circle the YES or NO for each question as it applies to you.

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

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 increasing your physical activity and/or taking a fitness test. Tell him or her what questions you answered YES. After a medical evaluation, seek advice from your physician as to your suitability for:

- Unrestricted physical activity, probably on a gradually increasing basis or
- Restricted and supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services.

If you answered NO to all questions:

If you answered the questions on the PAR-Q accurately, you have reasonable assurance of your present suitability for

- A GRADUATED EXERCISE PROGRAM – A gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.
- AN EXERCISE TEST – Simple tests of fitness may be undertaken if you desire. Postpone exercise or exercising test:
 - If you have a temporary minor illness, such as a common cold.

PAR-Q Acknowledgement:

Name (PRINTED)

Signature

Date