

**The Milken Institute School of Public Health
At The George Washington University**

**Older Adult Exercise Program
For Members of the Foggy Bottom and Dupont Circle Villages**

Exercise Classes Registration

Membership in either the Foggy Bottom Village or the Dupont Circle Village is required for participation in this program. Please contact a Village representative for membership information.

Please complete all pages of the registration packet and submit it to your Village Contact for the Group Exercise Classes:

Foggy Bottom Village Contact: Nadia Taran
Dupont Circle Village Contact: Beth Merricks

Older Adult Exercise Class Information

Fall 2019: Start Date: 08/26/2019 through **End Date:** 12/18/2019

Meeting Days: Mondays and Wednesdays, 12:00 pm – 12:50 pm

Instructor: Sanu Amen

Location: Milken Institute School of Public Health Building, 950 New Hampshire Ave, NW, Washington, DC 20052, Room B112A

No Classes On: 9/2, 10/21, 11/27

Tai Chi Class Information

Fall 2019: Start Date: 08/26/2019 through **End Date:** 12/18/2019

Meeting Days: Tuesdays and Thursdays, 8:00 am – 8:50 am

Instructor: Bea Liebson

Location: Milken Institute School of Public Health Building, 950 New Hampshire Ave, NW, Washington, DC 20052, Room B112A

No Classes On: 10/22, 11/28

Access to GWSPH Building

Classes are held in a controlled University building and a GWorld Card is required to enter the building. After completing registration for the program participants will be required to get a GWorld Card.

For inclement weather notices please call: 202-994-5050

Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY

Department of Exercise and Nutrition Sciences
Lifestyle, Sport, and Physical Activity Program

WAIVER AND ASSUMPTION OF RISK

Course Name: FB & DC Village Exercise Class

Course Instructor: Sanu Amen

WARNING: Since participation in this activity at The George Washington University is voluntary, The George Washington University does not accept responsibility for injuries incurred. Participants should be aware that participation in this activity involves the risk of serious injury. The University strongly recommends that individuals not currently covered by a health insurance policy obtain coverage prior to participating in any event. It is also recommended that you obtain a medical release from you family physician if your present health is questionable. All participants are responsible for their own medical expenses.

RELEASE: In consideration of my acceptance into this activity of The George Washington University, I, the undersigned, hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or may hereafter accrue to me against The George Washington University, its trustees, officers, employees, faculty, students and its agents for any and all injuries suffered by me through my participation in said program. Further, I hereby indemnify, defend and save harmless The George Washington University, its trustees, officers, employees, faculty, students and its agents from any liability, damage, expense, causes of action, suits, claims or judgements arising from injury to person, including death, personal property including but not limited to theft, or otherwise which arises out of the act, failure to act, or negligence in connection with the participation in the activities which are the subject of this release.

I have read the above **Warning** and **Release** and understand the contents. I understand that there are risks of injury involved in participating in this activity and I voluntarily assume such risk.

Please sign your name on the line and return the form to your instructor by email or hard copy.

Please type or print your name

Signature

Date

Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY

Department of Exercise and Nutrition Sciences
Lifestyle, Sport, and Physical Activity Program

WAIVER AND ASSUMPTION OF RISK

Course Name: FB & DC Village Tai Chi Class

Course Instructor: Beatrice Leibson

WARNING: Since participation in this activity at The George Washington University is voluntary, The George Washington University does not accept responsibility for injuries incurred. Participants should be aware that participation in this activity involves the risk of serious injury. The University strongly recommends that individuals not currently covered by a health insurance policy obtain coverage prior to participating in any event. It is also recommended that you obtain a medical release from you family physician if your present health is questionable. All participants are responsible for their own medical expenses.

RELEASE: In consideration of my acceptance into this activity of The George Washington University, I, the undersigned, hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or may hereafter accrue to me against The George Washington University, its trustees, officers, employees, faculty, students and its agents for any and all injuries suffered by me through my participation in said program. Further, I hereby indemnify, defend and save harmless The George Washington University, its trustees, officers, employees, faculty, students and its agents from any liability, damage, expense, causes of action, suits, claims or judgements arising from injury to person, including death, personal property including but not limited to theft, or otherwise which arises out of the act, failure to act, or negligence in connection with the participation in the activities which are the subject of this release.

I have read the above **Warning** and **Release** and understand the contents. I understand that there are risks of injury involved in participating in this activity and I voluntarily assume such risk.

Please sign your name on the line and return the form to your instructor by email or hard copy.

Please type or print your name

Signature

Date

Milken Institute School of Public Health

THE GEORGE WASHINGTON UNIVERSITY

Department of Exercise and Nutrition Sciences
Lifestyle, Sport, and Physical Activity Program

Participant Health and Exercise Profile

Personal Information

Name: _____

Cell Phone #: _____

Email Address: _____ Age: _____ Birthday: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone #: _____ City/State: _____

Health History

_____ Excellent _____ Good _____ Fair _____ Poor

Do you have any medical problems or physical conditions (illnesses or injuries) that would affect your participation in the class? If so, please describe and consider discussing with your instructor further:

Exercise History

Do you regularly perform sports or recreational physical activities? Yes/No, if Yes:

Activity/Activities: _____

Frequency per week: _____

Goals

What are your reasons for participating in this class?

Specific Requests/ General Comments & Concerns:

Circle if you'd like more information on:

Preventing Injury
Stretching & Flexibility
Measuring Body Fat

Preventing Low Back Pain
Cardiovascular Fitness
Shin Splints/Muscle Pulls

Posture
Muscular Strength/Endurance
Importance of Warm-Up/Cool Down

2019 PAR-Q+






The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

 **If you answered NO to all of the questions above, you are cleared for physical activity. Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.**

-  Start becoming much more physically active – start slowly and build up gradually.
-  Follow International Physical Activity Guidelines for your age (www.who.int/dietphysicalactivity/en/).
-  You may take part in a health and fitness appraisal.
-  If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
-  If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____




SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____



If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.

Delay becoming more active if:

-  You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.

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FOLLOW-UP QUESTIONS ABOUT YOUR MEDICAL CONDITION(S)

1. Do you have Arthritis, Osteoporosis, or Back Problems?

If the above condition(s) is/are present, answer questions 1a-1c If **NO** go to question 2

- 1a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO
- 1b. Do you have joint problems causing pain, a recent fracture or fracture caused by osteoporosis or cancer, displaced vertebra (e.g., spondylolisthesis), and/or spondylolysis/pars defect (a crack in the bony ring on the back of the spinal column)? YES NO
- 1c. Have you had steroid injections or taken steroid tablets regularly for more than 3 months? YES NO

2. Do you currently have Cancer of any kind?

If the above condition(s) is/are present, answer questions 2a-2b If **NO** go to question 3

- 2a. Does your cancer diagnosis include any of the following types: lung/bronchogenic, multiple myeloma (cancer of plasma cells), head, and/or neck? YES NO
- 2b. Are you currently receiving cancer therapy (such as chemotherapy or radiotherapy)? YES NO

3. Do you have a Heart or Cardiovascular Condition? This includes Coronary Artery Disease, Heart Failure, Diagnosed Abnormality of Heart Rhythm

If the above condition(s) is/are present, answer questions 3a-3d If **NO** go to question 4

- 3a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO
- 3b. Do you have an irregular heart beat that requires medical management? (e.g., atrial fibrillation, premature ventricular contraction) YES NO
- 3c. Do you have chronic heart failure? YES NO
- 3d. Do you have diagnosed coronary artery (cardiovascular) disease and have not participated in regular physical activity in the last 2 months? YES NO

4. Do you have High Blood Pressure?

If the above condition(s) is/are present, answer questions 4a-4b If **NO** go to question 5

- 4a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO
- 4b. Do you have a resting blood pressure equal to or greater than 160/90 mmHg with or without medication? (Answer **YES** if you do not know your resting blood pressure) YES NO

5. Do you have any Metabolic Conditions? This includes Type 1 Diabetes, Type 2 Diabetes, Pre-Diabetes

If the above condition(s) is/are present, answer questions 5a-5e If **NO** go to question 6

- 5a. Do you often have difficulty controlling your blood sugar levels with foods, medications, or other physician-prescribed therapies? YES NO
- 5b. Do you often suffer from signs and symptoms of low blood sugar (hypoglycemia) following exercise and/or during activities of daily living? Signs of hypoglycemia may include shakiness, nervousness, unusual irritability, abnormal sweating, dizziness or light-headedness, mental confusion, difficulty speaking, weakness, or sleepiness. YES NO
- 5c. Do you have any signs or symptoms of diabetes complications such as heart or vascular disease and/or complications affecting your eyes, kidneys, **OR** the sensation in your toes and feet? YES NO
- 5d. Do you have other metabolic conditions (such as current pregnancy-related diabetes, chronic kidney disease, or liver problems)? YES NO
- 5e. Are you planning to engage in what for you is unusually high (or vigorous) intensity exercise in the near future? YES NO

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6. Do you have any Mental Health Problems or Learning Difficulties? This includes Alzheimer's, Dementia, Depression, Anxiety Disorder, Eating Disorder, Psychotic Disorder, Intellectual Disability, Down Syndrome
If the above condition(s) is/are present, answer questions 6a-6b If **NO** go to question 7

6a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

6b. Do you have Down Syndrome **AND** back problems affecting nerves or muscles? YES NO

7. Do you have a Respiratory Disease? This includes Chronic Obstructive Pulmonary Disease, Asthma, Pulmonary High Blood Pressure

If the above condition(s) is/are present, answer questions 7a-7d If **NO** go to question 8

7a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

7b. Has your doctor ever said your blood oxygen level is low at rest or during exercise and/or that you require supplemental oxygen therapy? YES NO

7c. If asthmatic, do you currently have symptoms of chest tightness, wheezing, laboured breathing, consistent cough (more than 2 days/week), or have you used your rescue medication more than twice in the last week? YES NO

7d. Has your doctor ever said you have high blood pressure in the blood vessels of your lungs? YES NO

8. Do you have a Spinal Cord Injury? This includes Tetraplegia and Paraplegia

If the above condition(s) is/are present, answer questions 8a-8c If **NO** go to question 9

8a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

8b. Do you commonly exhibit low resting blood pressure significant enough to cause dizziness, light-headedness, and/or fainting? YES NO

8c. Has your physician indicated that you exhibit sudden bouts of high blood pressure (known as Autonomic Dysreflexia)? YES NO

9. Have you had a Stroke? This includes Transient Ischemic Attack (TIA) or Cerebrovascular Event

If the above condition(s) is/are present, answer questions 9a-9c If **NO** go to question 10

9a. Do you have difficulty controlling your condition with medications or other physician-prescribed therapies? (Answer **NO** if you are not currently taking medications or other treatments) YES NO

9b. Do you have any impairment in walking or mobility? YES NO

9c. Have you experienced a stroke or impairment in nerves or muscles in the past 6 months? YES NO

10. Do you have any other medical condition not listed above or do you have two or more medical conditions?

If you have other medical conditions, answer questions 10a-10c If **NO** read the Page 4 recommendations

10a. Have you experienced a blackout, fainted, or lost consciousness as a result of a head injury within the last 12 months **OR** have you had a diagnosed concussion within the last 12 months? YES NO

10b. Do you have a medical condition that is not listed (such as epilepsy, neurological conditions, kidney problems)? YES NO

10c. Do you currently live with two or more medical conditions? YES NO

**PLEASE LIST YOUR MEDICAL CONDITION(S)
AND ANY RELATED MEDICATIONS HERE:**

GO to Page 4 for recommendations about your current medical condition(s) and sign the PARTICIPANT DECLARATION.

2019 PAR-Q+



If you answered **NO** to all of the **FOLLOW-UP** questions (pgs. 2-3) about your medical condition, you are ready to become more physically active - sign the **PARTICIPANT DECLARATION** below:

- It is advised that you consult a qualified exercise professional to help you develop a safe and effective physical activity plan to meet your health needs.
- You are encouraged to start slowly and build up gradually - 20 to 60 minutes of low to moderate intensity exercise, 3-5 days per week including aerobic and muscle strengthening exercises.
- As you progress, you should aim to accumulate 150 minutes or more of moderate intensity physical activity per week.
- If you are over the age of 45 yr and **NOT** accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.



If you answered **YES** to one or more of the follow-up questions about your medical condition:

You should seek further information before becoming more physically active or engaging in a fitness appraisal. You should complete the specially designed online screening and exercise recommendations program - the **ePARmed-X+** at www.eparmedx.com and/or visit a qualified exercise professional to work through the ePARmed-X+ and for further information.

Delay becoming more active if:

- You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
- You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- Your health changes - talk to your doctor or qualified exercise professional before continuing with any physical activity program.

- You are encouraged to photocopy the PAR-Q+. You must use the entire questionnaire and NO changes are permitted.
- The authors, the PAR-Q+ Collaboration, partner organizations, and their agents assume no liability for persons who undertake physical activity and/or make use of the PAR-Q+ or ePARmed-X+. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

PARTICIPANT DECLARATION

- All persons who have completed the PAR-Q+ please read and sign the declaration below.
- If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____

For more information, please contact
www.eparmedx.com
Email: eparmedx@gmail.com

Citation for PAR-Q+

Warburton DER, Jamnik VK, Bredin SSD, and Gledhill N on behalf of the PAR-Q+ Collaboration. The Physical Activity Readiness Questionnaire for Everyone (PAR-Q+) and Electronic Physical Activity Readiness Medical Examination (ePARmed-X+). Health & Fitness Journal of Canada 4(2):3-23, 2011.

Key References

- Jamnik VK, Warburton DER, Makarski J, McKenzie DC, Shephard RJ, Stone J, and Gledhill N. Enhancing the effectiveness of clearance for physical activity participation; background and overall process. APNM 36(51):S3-S13, 2011.
- Warburton DER, Gledhill N, Jamnik VK, Bredin SSD, McKenzie DC, Stone J, Charlesworth S, and Shephard RJ. Evidence-based risk assessment and recommendations for physical activity clearance; Consensus Document. APNM 36(51):S266-s298, 2011.
- Chisholm DM, Collis ML, Kulak LL, Davenport W, and Gruber N. Physical activity readiness. British Columbia Medical Journal. 1975;17:375-378.
- Thomas S, Reading J, and Shephard RJ. Revision of the Physical Activity Readiness Questionnaire (PAR-Q). Canadian Journal of Sport Science 1992;17:4 338-345.

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