

## STRENGTH & CONDITIONING INFORMATION AND PRE-ACTIVITY SCREENING



Please take the time to read through all the information and ensure all relevant forms are completed. The following questionnaire and waivers are to be completed prior to the start of the strength and conditioning program by the participant if over 18 years of age OR a parent or guardian if under the age of 18. If necessary, you or your child may be required to seek further advice or clearance from a physician. The information collected will be managed in accordance with the *Health Information Act* and *Freedom Information and Protection of Privacy Act (Alberta)*.

### ATHLETE INFORMATION

NAME	
DATE OF BIRTH	
EMERGENCY CONTACT NAME & RELATIONSHIP	
PHONE	

### PRE-ACTIVITY SCREENING

#### SECTION A

1. List any allergies:

---

---

2. List any medical conditions or health issues:

---

---

3. List any medications:

---

---

4. Do you, or have you been told that you have a heart condition OR high blood pressure?

---

---

5. Have you been concussed in the past year? Did you lose consciousness?

---

---

6. Have you ever passed out during exercise?

---

---

7. Do you have asthma? Do you use an inhaler?

---

---

**STRENGTH & CONDITIONING INFORMATION AND PRE-ACTIVITY SCREENING**



- 8. Have you ever any of the following (if YES please explain):
  - a. Chest pain or severe shortness of breath? YES or NO
  
  - b. Fainting or dizzy spells? YES or NO
  
  - c. Coughing or wheezing? YES or NO
  
  - d. Muscle cramps? YES or NO

9. Have you had surgery on any joints? If yes, when and which joint(s)?

---

---

---

10. Do you have any pins, screws or plates in your body from any surgery?

---

---

---

11. Do you use any special equipment (pads, braces, orthotics, etc.)?

---

---

---

**SECTION B**

**Circle any areas that you have injured (current and past injuries):**

Hand	Elbow	Neck	Hip	Shin/Calf
Wrist	Arm	Chest	Thigh	Ankle
Forearm	Shoulder	Back	Knee	Foot

**If you circled an area above, please answer the following questions:**

1. Describe the type of injuries:

---

---

---

---

2. When did you experience these injuries:

---

---

---

**STRENGTH & CONDITIONING INFORMATION AND PRE-ACTIVITY SCREENING**



3. What health professional(s) did you seek care from and what treatment(s) did you receive?

---

---

---

4. Do you feel that any of your current or previous injuries could affect your ability to participate in the strength and conditioning program?

---

---

**I hereby certify the above information to be correct.**

Participant signature: \_\_\_\_\_

Parent/Guardian signature (under 18 years of age): \_\_\_\_\_

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



# STRENGTH AND CONDITIONING CLIENT INFORMED CONSENT

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO SUE.  
PLEASE READ CAREFULLY BEFORE SIGNING.**

*Please initial ALL boxes in left margin as compliance and agreement with accompanying lines/paragraphs.*

**1. Purpose and explanation**

I hereby consent to voluntarily engage in this strength and conditioning program. I also give consent to be placed in strength and conditioning program activities that are recommended to me for improvement of my sports performance. I understand that I may be required to undergo appraisals, questionnaires, etc. prior to the start of my strength and conditioning program in order to evaluate and assess my present level of fitness.

I agree to participate in scheduled strength and conditioning sessions with the strength and conditioning coach or trainer. I understand that I am to attend every session and to follow recommendations made by the strength and conditioning coach or trainer in regards to exercise frequency, volume, and intensity, healthy eating plans, and other health/fitness/performance related programs.

I understand that during my participation in this strength and conditioning program and its activities, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I understand it is my complete right to decrease or stop activity and that it is my obligation to inform the strength and conditioning coach or trainer of my symptoms. I understand that some aspects of my strength and conditioning program may be unsupervised, and that it is my responsibility to monitor my own condition at all times and to decrease or stop activity and consult my strength and conditioning coach or trainer if any such symptoms arise during unsupervised activity.

I also understand that during the performance of strength and conditioning training activities, physical touching and positioning of my body may be necessary to assess muscular and bodily reactions to specific exercises, as well ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for these reasons.

**2. Risks**

I understand that there exists the remote possibility of adverse changes occurring during exercise including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and very rare instances of heart attack, stroke, or even death. I further understand that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. I understand that every effort will be made to minimize these occurrences by proper assessments of my condition before each supervised exercise session, by strength and conditioning coach or trainer supervision during supervised exercise sessions, and by my own careful control of exercise efforts during supervised and unsupervised sessions. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated.

**I HEREBY RELEASE AND FOREVER DISCHARGE NAIT, ITS AGENTS, OFFICERS, EMPLOYEES, AND STRENGTH AND CONDITIONING COACHES AND TRAINERS FROM ANY LIABILITY WITH RESPECT TO ANY DAMAGE (INCLUDING DEATH) THAT I MAY SUFFER DURING MY PARTICIPATION IN STRENGTH AND CONDITIONING RELATED ACTIVITIES OR PROGRAMS EXCEPT WHERE THE DAMAGE OR INJURY IS CAUSED BY THE NEGLIGENCE OF NAIT OR ITS AGENTS, OFFICERS, EMPLOYEES, AND/OR STRENGTH AND CONDITIONING COACHES OR TRAINERS.**

I consent to taking all of the above noted risks by voluntarily participating in a strength and conditioning appraisal or program, designed and implemented by a strength and conditioning coach or trainer, and willfully assume all risks.

**3. Benefits not guaranteed**

I understand that this program may or may not benefit my sports performance, physical fitness, or general health. I further understand that if I closely follow the strength and conditioning coach or trainer's program instructions; I will likely improve my strength and conditioning level after a period of time, but NAIT and its agents, officers, employees, and strength and conditioning coaches and trainers do not guarantee that any particular outcomes will be achieved.

**I declare that I have read, understand and agree to the contents of this informed consent agreement in its entirety.**

Participant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*If participant is under 18, parent/guardian signature is also required:*

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



# RECREATION FACILITY USE LIABILITY WAIVER AND RULES

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN RIGHTS, INCLUDING THE RIGHT TO SUE.  
PLEASE READ CAREFULLY BEFORE SIGNING.**

*Please initial ALL boxes in left margin as compliance and agreement with accompanying lines/paragraphs.*

**1. Purpose**

I, as a user of the Northern Alberta Institute of Technology (NAIT) Activities Centre, agree to adhere to the policies, rules and regulations as detailed below.

**2. Risks**

I understand that there exists the possibility of adverse changes occurring during exercise including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and very rare instances of heart attack, stroke, or even death. I further understand that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. I also understand that bouldering can be a dangerous activity, and that there is a risk of injury when entering or using the bouldering wall facility, including but not limited to injuries resulting from a fall. I fully understand the risks associated with exercise and the use of these facilities and the equipment contained therein, including the risk of bodily injury, heart attack, stroke, or even death, but knowing these risks, it is my desire to enter and utilize these facilities and the equipment contained therein for the purpose of physical exercise/activity. I consent to taking all of the above-noted risks, and willfully assume all risks.

**I HEREBY RELEASE AND FOREVER DISCHARGE NAIT, ITS AGENTS, OFFICERS, EMPLOYEES, FITNESS INSTRUCTORS, COACHES, AND TRAINERS FROM ANY LIABILITY WITH RESPECT TO ANY DAMAGE OR INJURY (INCLUDING DEATH) THAT I MAY SUFFER DURING MY PARTICIPATION IN PHYSICAL EXERCISE AND/OR FITNESS RELATED ACTIVITIES OR THAT I MAY OTHERWISE SUFFER IN CONNECTION WITH MY USE OF NAIT’S FACILITIES OR EQUIPMENT, EXCEPT WHERE THE DAMAGE OR INJURY IS CAUSED SOLELY BY THE NEGLIGENCE OF NAIT OR ITS AGENTS, OFFICERS, EMPLOYEES, FITNESS INSTRUCTORS, COACHES, OR TRAINERS.**

**3. Personal Belongings**

I agree to secure my personal belongings in an available locker during my use of the facilities. I will not store or carry any back-packs, gym bags, jackets, or other items not directly related to my activities within the facilities, during my use. **I ACKNOWLEDGE THAT THEFT MAY OCCUR ON CAMPUS, AND I WILL NOT HOLD NAIT OR ITS AGENTS, OFFICERS, EMPLOYEES, FITNESS INSTRUCTORS, COACHES, OR TRAINERS RESPONSIBLE FOR LOST, STOLEN, DAMAGED, OR MISSING ITEMS.**

**4. Use of Facilities and Equipment**

I consent and agree to provide my NAIT identification card to NAIT staff upon entering the facilities to verify my authorization to use the facilities. I acknowledge that NAIT staff may periodically check users of the facilities for authorization, and failure to produce and display this identification card may result in my being removed from the facilities. External users who pay a drop-in fee will be identified with a wristband or temporary card granting them access to facilities at allotted times.

I acknowledge that any equipment used during physical exercise and/or fitness related activities is the property of NAIT, and I agree to return it to its proper place within the facilities at the end of my use.

I agree to bring only unbreakable water bottles into the facilities. No other food or beverages are allowed in the facilities during use.

**5. Attire**

I acknowledge that only appropriate clothing and footwear is allowed within the facilities. No jeans, work boots, snow boots, open-toed sandals, or flip-flops are allowed. Shirts must be worn at all times in the Fitness & Weight Centre, gymnasium, arena, fitness studios, and bouldering wall. NAIT staff reserve the right to warn, remove, or suspend users for inappropriate attire. Swimsuits must be worn at all times during activities within the pool areas.

**6. Behaviour**

I will act respectfully and appropriately at all times during my use of the facilities. I will refrain from using foul language or engaging in inappropriate or unsafe physical activity, harassment, or loitering within the facilities. NAIT staff reserve the right to remove privileges of any individuals for conduct deemed unsafe and/or inappropriate.

[continued on next page]



## RECREATION FACILITY USE LIABILITY WAIVER AND RULES

The NAIT Activities Centre has been created for the students and staff of NAIT, as well as members of the public, to participate in the pursuit of health and wellness. I agree to abide by the rules and regulations of the facilities and act in accordance with this waiver during my use.

**I declare that I have read, understand, and agree to the contents of this informed consent agreement in its entirety.**

Participant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ ID # (if applicable): \_\_\_\_\_

*If participant is under 18, parent/guardian signature is also required:*

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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