2026 Camp Xtreme

Registration Package

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Discover What It Takes to Be a Firefighter Paramedic

Have you ever wondered what it's like to work as a firefighter or paramedic?

The Regional Emergency Services (RES) Department is proud to offer an exciting four-day summer camp experience designed for youth who are interested in emergency services careers. Camp Xtreme provides participants with the opportunity to explore firefighting, rescue, and paramedic skills in a safe, supervised, and controlled training environment.

Our highly trained staff, specialized equipment, and facilities create a unique hands-on learning experience that introduces youth to teamwork, leadership, and technical skills used by emergency responders every day.

Throughout the program, participants will:

- Explore the fire hall, fire apparatus, ambulances, and rescue equipment
- Learn basic emergency medical and first aid skills
- Participate in firefighter and rescue-based training activities
- Gain insight into emergency preparedness and community safety
- Experience teamwork, leadership, and problem-solving challenges
- Camp activities may include:
- Operating fire hoses and connecting hydrants
- Learning about fire prevention and safety
- Participating in simulated rescue scenarios
- Using self-contained breathing apparatus (SCBA) in controlled environments
- Exploring vehicle extrication techniques using rescue equipment
- Practicing search-and-rescue skills
- And much more!

These action-packed day camps offer participants an unforgettable experience while building confidence, communication skills, and an appreciation for emergency services. When summer ends, participants will have incredible stories, new friendships, and a greater understanding of what it means to serve their community.

Application Process

Review the entire program package and complete the following forms:

- Program Acknowledgement
- Physical Activity Readiness Questionnaire (PAR-Q)
- Participant Risk Acknowledgement, Release, Waiver of Claim, and Assumption of Risk
- Medical Release Form
- Media Consent Form
- Transportation Consent Form

Participants must be between 14 – 18 years of age

Submit all completed forms to: **RESTraining.Records@rmwb.ca**

Deadline to apply is July 30, 2026.
Applicants will be notified by July 31, 2026.

Personal Information & Privacy

All personal information collected relates directly to and is necessary for the purpose of participating in the Regional Municipality of Wood Buffalo, Emergency Services Camp Xtreme Program and is authorized under Section 4(c) of the Protection of Privacy Act. The information collected will be protected and will only be disclosed in accordance with the Protection of Privacy Act and its Regulations.

PROGRAM ENVIRONMENT

The 2026 Camp Xtreme program involves activities that can be physically demanding and stressful. To minimize health risks, participants and their parent or legal guardian must become informed of the nature of the program's activities.

Firefighting and Rescue Practical Curriculum

Participants will be put into challenging, hands-on training environments and will participate in physically demanding training activities. Over a period of 4 days, participants will spend 8 hours each day participating in a combination of classroom instruction and practical skills in the areas of firefighting and paramedicine. These activities include, but are not limited to the following:

- Fire safety
- Medical and CPR training
- Splinting and bandaging
- Learning personal and equipment hygiene practices
- Raising and climbing Ladders
- Working overhead
- Using fire extinguishers
- Conducting vehicle extrication
- Extinguishing simulated vehicle fires
- Aquatic rescue
- Using apparatus (ambulances, fire pumps, aerial trucks, etc.)
- Salvage and overhaul
- Operating Sprinkler systems
- Using Self-contained breathing apparatus
- Victim search and rescue
- Entering simulated structure fires, including crawling through structure to locate simulated victims
- Lifting or dragging training mannequins
- Entering confined spaces
- Advancing charged hose line
- Using various tools and equipment, requiring swinging, prying, and striking
- Using ropes and tying knots
- Engaging in rope rescue, including rappelling
- Combined fire, paramedic, and rescue activities

RES is an internationally accredited Emergency Medical Service (EMS) and the Program will be delivered by RES Training Officers that have been certified by RES to deliver training. All program activities will follow the RES safety and operational policies.

Personal Protective Equipment (PPE)

Personal protective equipment (PPE) will be provided to each Participant; Participants are responsible for wearing the PPE as directed by Training Officers. **Participants must bring their own steel toe boots**.

During practical activities, participants will be required to wear full "turn-out gear" which consists of firefighting pants and boots (approx. 6 kgs [13 lbs]), and a firefighting duty coat and fire helmet (approx. 4 kgs [9 lbs]). When the conditions of a Program activity warrant, Participants will also be required to wear a face piece and self-contained breathing apparatus (SCBA) – (approx. 12 kgs [27 lbs]).

Physical Demands and Stressors

There is an element of risk or injury that is inherent in the 2026 Camp Xtreme program, especially with the program's firefighting and rescue components. The practical curriculum in the Camp Xtreme Program includes simulated, rescue scenarios. All activities will take place in a supervised and controlled environment; however, Participants may encounter physical demands and stressors similar to a firefighter or EMS provider.

Tasks will be broken down into manageable segments to ensure adequate recovery time and avoid pushing a Participant's body beyond its physical capabilities. A Participant may choose whether or not to engage in any particular activity and is responsible for notifying a Training Officer immediately if they wish to stop an activity at any time.

In full turnout gear, a Participant will be carrying an extra 22 kilograms (49 pounds) of weight on their body. This weight is inactive baggage that serves to overload structural and metabolic facilities of the human body, which are already being highly taxed from the physical demands of the Program activity. The equipment also presents difficulties with ease of movement and visibility.

The following is a list of factors that will increase the physical demands placed on a Participant during the Program activities:

- Turn-out gear and SCBA equipment restricts movement, adds weight to the individual and requires an increased respiratory effort while wearing the SCBA.
- Equipment used is often heavy and is frequently used in awkward positions.
- Environmental conditions (such as heat, cold or rain) can make activities more difficult, which can cause large fluctuations in body temperature.
- Darkness and smoke in a fire scenario decreases visibility and increases the difficulty of an activity.
- Some activities involve work at heights (at the request of a Participant, activities can be adjusted to accommodate participants who are sensitive to confined spaces or heights).

Registration Form

Participant Information

Participant Name: _____

Date of Birth: _____

Mailing Address: _____

Does the participant have any medical conditions or allergies we should be aware of?

Please specify:

Parent/Guardian Information

Parent/Guardian Name(s) and Number(s): _____

Emergency Contact Name and Number: _____

Parent Email Address: _____

Camp Session Selection

Please select one:

☐ August 4th – 7th, 2026
☐ August 10th – 13th, 2026
☐ August 17th – 20th, 2026

Previous Attendance: Has the participant ever attended Camp Xtreme before?

☐ Yes ☐ No

Important Information: Participants must bring their own CSA-approved steel-toe boots.

Required Forms Checklist

☐ Program Acknowledgement
☐ Physical Activity Readiness Questionnaire (PAR-Q)
☐ Participant Risk Acknowledgement Form
☐ Medical Release Form
☐ Media Consent Form
☐ Transportation Consent Form

Program Acknowledgement

I acknowledge the following:

- That I am responsible for contacting the Regional Emergency Services Training Branch at 780-792-5500 if I have any questions about the Participant's ability to participate in the 2026 Camp Xtreme program (the "Program");
- That I have read the Program Handbook and understand all of the information it contains;
- That I have reviewed the list of activities that may be part of the Program and understand the physical demands and stressors that can be associated with them;
- That I understand the Participant's health, abilities and experience and consent to the Participant's participation in the Program;
- That the Participant has freely and voluntarily chosen to participate in the Program;

Signed by the Participant in this _____ day of_____, 2026.
(day) (month)

_____ _____
(Participant's name) (Participant's signature)

Signed by the Participant's parent or legal guardian this _____ day of_____, 2026.
(day) (month)

_____ _____
(Printed Name of parent or guardian) (Parent or guardian's signature)

Please remember to also return the completed the PAR-Q+ form

CAMP X-TREME Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

PLEASE READ CAREFULLY!

By signing this form, you agree to waive certain legal rights. This form must be signed in ink by the **Participant, a parent or guardian of the Participant** and **witnessed by an adult**. If you have any questions or concerns regarding the statements below, please discuss them with the Municipality before signing.

Where the word "**Municipality**" appears in this agreement, it shall include the Regional Municipality of Wood Buffalo, its Councilors, officers, employees, volunteers, agents, sponsors and anyone acting on behalf of the Regional Municipality of Wood Buffalo as the context requires.

WHEREAS the Municipality intends to hold Camp X-Treme (the "**Program**") during the following periods in 2026:

August 4th – 7th, August 10th – 13th and August 17th – 20th.

AND WHEREAS the Municipality will permit youth ages X to X ("**Participant(s)**") to participate in the Program for the purpose of being introduced to and learning firefighting skills, rescue skills and paramedic skills, provided the Participant accepts all risks and liability for their participation in the Program. Such risk may include, but are not limited to:

1) Death
2) Serious injury
3) Slips, trips and falls
4) Loss of limbs
5) Broken bones, strains or sprains
6) Cuts or lacerations
7) Falling from heights
8) Sustaining burns, contusions, lacerations, and abrasions
9) Smoke inhalation
10) Heat exhaustion or heat stroke
11) Over-taxing the body
12) Motor vehicle accident

AND WHEREAS the Participant has voluntarily and freely decided to participate in the Program;

AND WHEREAS the Participant understands and acknowledges that continuing participation in the Program does not constitute an employment relationship which has been expressly terminated prior to signing this waiver;

AND WHEREAS the Participant may not participate in the Program, without agreeing to the terms and conditions by signing this release of liability, waiver of claims, assumption of risks, and indemnity agreement (the "**Waiver**")

AND WHEREAS Participant may not participate in the Program, without a parent or legal guardian agreeing to the terms and conditions by signing the Waiver and an additional parental consent and indemnity;

AND WHEREAS in consideration of the Participant being allowed to participate:

The Participant acknowledges that although the Municipality may take precautions to reduce the risks and increase the safety of the Program, all dangers and risks cannot be foreseen or managed. The Participant understands and voluntarily accepts without limitation, all risks, including the possibility of loss of property, unforeseen expenses, and personal injury associated with the Participant's participation in the Program.

The Participant understands that Program activities may be done in groups, and that all Participants are expected to participate fully and behave in an appropriate manner. Continuous disruptive behaviour which affects the experience or compromises the safety of others will result in the Participant being terminated from the Program.

The Participant believes that Participant's participation in the Program is beneficial to the Participant and as a condition of the Municipality allowing the Participant involvement in the Program, the Participant agrees to the following on behalf of themself, their heirs, executors, administers, successors and legal representatives:

a. to waive all claims that the Participant has or may have in the future against the Municipality for any injury, (including death), loss of property, property damage, financial loss or any other loss whether direct or consequential of or to the Participant, that may result directly or indirectly from the Participant's involvement in the Program, no matter how the loss is caused, including negligence on part of the Municipality but not limited to such loss being a result of the Participant's involvement in the Program, breach of any statutory or other duty of care, the Participant's negligence, the negligence or wrong doing of other Participants in the Program or negligence of the Municipality; and

b. to remise, release, indemnify and forever hold harmless the Municipality from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action whatsoever at law or in equity which the Participant has or may have, by reason of any act, occurrence, or thing whatsoever that may result from the Participant or a third party's participation in the Program, and without restricting the generality of the foregoing, on account of any injury, harm, disability, loss or damage of any kind, sustained or which may be sustained by the Participant however caused.

The Participant acknowledges that the Municipality may be taking photographs and/or video throughout the Program and that they may be asked to sign an Image Release form on behalf of the Participant and that any such form is voluntary.

I _____(Participant Print Name**), hereby confirm that I have read this Waiver and I understand it and the implications of signing it, and declare that I am signing this document voluntarily and of my own free will, intending my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.**

Signed by the Participant this _____day of_____2026
(Day) (Month)

Name of Participant: _____
(Print)

Participant Signature: _____

Signed by the Participant's Parent or Legal Guardian this _____day of_____2026
(Day) (Month)

Name of Parent or Guardian: _____
(Print)

Parent or Guardian Signature: _____

Parental Consent and Indemnity

I, the Participant's parent or legal guardian, understand the nature of the Program and the Participant's health, capabilities and experience, and I believe that the Participant is qualified to participate in the Program. I consent to the Participant's participation in the Program and hereby remise, release, indemnify and forever hold harmless the Municipality from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action whatsoever at law or in equity on the Participant's account which the Participant has or may have, by reason of any act, occurrence, or thing whatsoever that may result from the Participant or a third-party's participation in the Program, and without restricting the generality of the foregoing, on account of any injury, harm, disability, loss or damage of any king, sustained or which may be sustained by the Participant however caused. Participant's account caused or alleged to have been caused in whole or in part by the negligence of the Municipality or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the Participant, or anyone on the Participant's behalf makes a claim against the Municipality.

Signed by the Participant's Parent or Legal Guardian this _____day of_____2026
(Day) (Month)

Name of Parent or Guardian: _____
(Print)

Parent or Guardian Signature: _____

Medical Information Release Form

I (we), the undersigned, parent(s) or legal guardian of _____, a
(participant's name in full)
minor, do hereby authorize the Regional Emergency Services and assigned personnel to provide the following medical information to emergency healthcare providers if required.

Participant's Information (please print clearly)

Full name: _____

Complete address: _____ Phone number: _____

Birthdate _____

Alberta Health Care number: _____ List any allergies to food or medications:_____

Is the participant taking medication regularly?

If yes, please list: _____ List any special medical conditions: _____

_____

Physician Name: _____

Contact Name and Phone: _____

Dated at Fort McMurray, Alberta this _____day of _____, 2026.
(date) (month)

_____ _____
(Participant's full name) (Participant's signature)

_____ _____
(Printed full name of parent or guardian) (Parent or guardian's signature)

Privacy Statement

The personal information collected on this form is authorized under Section 4(c) of the *Protection of Privacy Act* (Alberta). The personal information collected will be used for emergency purposes for individuals who wish to participate in the Regional Emergency Services Camp Xtreme. The information collected will be disclosed in accordance with Section 13 of the *Protection of Privacy Act* (Alberta). If you have questions about the collection or use of your personal information, please contact the RES Training branch on the ground floor of Fire Hall #5 at #200 Airport Rd, Fort McMurray, Alberta, T9H-4P1, or call 780-792-5500.

Media Consent

From time to time, we may receive requests from newspaper and television reporters to visit our facilities or programs and report on the program or aspects of the curriculum. Reporters may want to take general classroom photographs or film activities to accompany their stories.

Requests of this nature are given careful consideration by the staff, and approval may only be granted by the Fire Chief or his designate. While we attempt to co-operate with the media when possible and encourage public celebration of our achievements, we recognize there are instances where publicity of this nature is not welcomed by individuals.

From time to time, we also update our web page or social media sites and may wish to include individual or group photos and video. During the program, we also take photographs and/or video so that we can share them with the participants after the program ends.

Therefore, parents and guardians are asked to consider whether they consent to images of their child or ward appearing in a newspaper or being televised while involved in the program activities, on the Regional Municipality of Wood Buffalo's web page, social media or other promotional material or having photos or video shared with other participants.

I hereby authorize and give full permission to the Regional Municipality of Wood Buffalo, including its elected officials, officers, agents, employees, successors and assigns to use images of myself and my child or ward, recorded while participating in program activities. I release full rights of these images and consent to the use of such material or its reproduction in any manner and by any medium which the Regional Municipality of Wood Buffalo may deem appropriate.

Dated at Fort McMurray, Alberta this _____day of _____, 2026.
(date) (month)

_____ _____
(Participant's full name) (Participant's signature)

_____ _____
(Printed full name of parent or guardian) (Parent or guardian's signature)

Transportation Consent

I understand that on occasion, some Camp Xtreme activities and training sessions may occur away from the Fire Training Facility at Fire Hall 5 and will require the participants to be transported to other locations.

Some examples include, but are not limited to:

- Transportation to other buildings for tours of Fire Stations, Dispatch Centre, Airport, Hospital, etc.
- Transportation to other training locations throughout the city

I consent to my child or ward being transported by employees of the Regional Municipality of Wood Buffalo by vehicle for the purposes of the Regional Emergency Services Camp Xtreme Program.

Dated at Fort McMurray, Alberta this _____day of _____, 2026.
(date) (month)

_____ _____
(Participant's full name) (Participant's signature)

_____ _____
(Printed full name of parent or guardian) (Parent or guardian's signature)

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 ☐ **OR** high blood pressure ☐?	☐	☐
2) Do you feel pain in your chest at rest, during your daily activities of living, **OR** when you do physical activity?	☐	☐
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).	☐	☐
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? **PLEASE LIST CONDITION(S) HERE:** _____	☐	☐
5) Are you currently taking prescribed medications for a chronic medical condition? **PLEASE LIST CONDITION(S) AND MEDICATIONS HERE:** _____	☐	☐
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:** _____	☐	☐
7) Has your doctor ever said that you should only do medically supervised physical activity?	☐	☐

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 Global Physical Activity Guidelines for your age (https://www.who.int/publications/i/item/9789240015128).
- 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 are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
- You are pregnant. In this case, talk with your health care practitioner, physician, 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 health care practitioner, physician, or qualified exercise professional before proceeding with any physical activity program.

01-11-2024

PAR-Q+

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 chemotheraphy 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 currently 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 ☐

PAR-Q+

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.

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 are currently experiencing a temporary illness, such as a cold or fever. It is best to wait until you feel better.
- You are pregnant. In this case, talk to your health care practitioner, physician, qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
- Your health changes. Talk to your health care practitioner, physician, 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

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Citation for PAR-Q+

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Key References

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