

# Role: 360° Parent Challenge

The **Role: 360° Parent Challenge** is a challenge that aims to help turn the average parents' / guardians' / adults' fitness lifestyle around. From having to travel to and from school, work, practices, grocery stores, and whatever else is on the plate, on top of having to make sure you and everyone in your home is ready for these things; taking care of yourself can really take a back seat to everyone else!



## ROLE



**LALL HEALTH & WELLNESS**  
Kinesiology & Functional Movement Training

**Date: Register before March 1st, 2018**  
2-160 Brantwood Park Road, Brantford, ON

*Training times must be from Monday - Friday between 9:30am - 2:30pm and 3 times a week for 4 weeks.*

**\* PLEASE read through the following package as carefully as possible and sign when you're ready to make that 360 change.**

**Name and Age:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

## Goal Setting - Self-Assessment - Personal Contract

Please answer the following as honest as possible.

**1) What do you want to achieve within the next 4 weeks in regards to your mental and emotional health? List 4 - 5 short term "holistic health goals".**

*Ex. Look in the mirror and smile at myself each time, be acknowledge by my kids / family for positive changes etc.*

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**2) What do you want to achieve within the next 4 weeks in regards to your body and its capabilities? List 4 - 5 short term "body goals".**

*Ex. Touch my toes properly, do x amount of perfect push-ups, hold a plank for x amount of time, lose weight etc.*

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**3) Please complete the following table so that we may know a little bit more about you:**

Some of my favourite exercises and movements:

Some of my least favourite exercises and movements:

Injuries / aches I have had in the past and my rehab plan:

Favourite Foods and Beverages:


**Signature:** \_\_\_\_\_ **x**



## Terms and Conditions of the Role: 360° Parent Challenge:

\* Please read the following terms and conditions as carefully as possible and initial in the given space provided.

\* By signing below, it states that the given information is true to the best of your knowledge. These signatures also state that you have read, understood, and agreed to our terms and conditions of PARENTAL CONSENT, HEALTH and SAFETY, INSURANCE and LIABILITY and SOCIAL MEDIA RELEASE. The document pertaining to the mentioned release forms can be found on the following pages.

### Registration Form Submission

Personal Drop-Off at Lall Health & Wellness: 2-160 Brantwood Park Road, Brantford, ON

E-Submissions: Completed forms and payment may be e-mailed to Coach JR - jr.gallarza@outlook.com

## General Athletes' Consent

I understand the nature of the above referenced activities and my experience and capabilities and believe that I am qualified to participate in such activity. I hereby release, discharge, promise not to sue, and AGREE TO INDEMNITY AND SAVE AND HOLD HARMLESS each of the RELEASES from all liability, claims, demands, losses, or damages on my account caused or alleged to have been caused in whole or in part by the negligence of the RELEASES or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the above RELEASES, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the RELEASES from any litigation expenses, attorney fees, loss liability, damage, or cost any RELEASES many incur as the result of any such claim.

The signatures on the following document binds the signee(s) to all consents, releases and waivers as spelled out on the previous forms.

All video, images, and products are property of **Role and Lall Health & Wellness**. All rights reserved.

I have read the **RELEASE LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**. I also understand that to the best of my knowledge, I am in good enough health to participate in the activities to follow; and, I also understand that by signing above, I comply with allowing **Role** and **Lall Health & Wellness** to take videos and photographs for uplifting and marketing purposes. I understand that I have given up substantial rights by signing and have signed freely and without any inducement.

Valid Credit Card left on file and approved at Lall Health & Wellness:

Signature of Athlete: \_\_\_\_\_ x

## Emergency Contact Information

Name	Relationship to you	Phone Number	E-Mail



## Welcome to the Role Family

\* Please carefully read and understand what will be asked of your **360° Parent Challenge**. Feel free to contact us to clear up any questions or confusion. Sign below once you feel comfortable to do so:

### I will...

- 1) **Always put the mental, emotional, and physical safety of myself and others before performing any action.**
- 2) **Dress appropriately at all times and wear clothing suitable for an athlete.**
- 3) **Be open with my trainer regarding any safety hazards, injuries, or anything hampering myself or others from performing what is expected of me.**
- 4) **Comply with the journal entries and follow the scheduled and created workouts to the best of my ability.**
- 5) **Put forth my utmost effort into these 4 weeks and reevaluate what to do next after doing so.**

Initial: \_\_\_\_\_

- I understand that I am given one "FREE PASS" in regards to missing a training session last minute (less than 24 hours notice).
- I understand that I must give 24 hours notice if I am to miss a workout and must reschedule within the week.
- I understand that if I cannot make up for the missed workout within the next 2 days, or if it is my second (or more) time cancelling last minute, I will have to pay \$30.00 for the next session.
- I understand that the 360° Parent Challenge is a 4 week program that must have 12 sessions completed with 3 sessions a week.
- I understand that if I deviate from this program, I will be charged the \$360.00 at the end of my term regardless of how many sessions I completed. This includes more than 2 days without a scheduled workout at Lall, lack of open communication with my trainer, harming my body with excessive food and / or beverages that are not suggested for my consumption.
- I consent to Role and Lall Health & Wellness using my name and image in their social media postings and advertisements.

Initial: \_\_\_\_\_

Name and Signature of Athlete: \_\_\_\_\_

Signature of Lead Trainer: \_\_\_\_\_



**RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT  
(hereinafter referred to as the "Release Agreement")**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM  
COMPENSATION FOLLOWING AN ACCIDENT**

**PLEASE READ CAREFULLY!**

SIGNATURE OF PARTICIPANT

<b>Name</b>	Last	First	Middle Initial
<b>Address</b>	Street		
	City	Prov./State	Postal/ZipCode

**ORGANIZATION NAME:** \_\_\_\_\_ and its (their) directors, officers, employees, instructors, guides, agents, representatives, independent contractors, subcontractors, suppliers, sponsors, successors and assigns (all of whom are hereinafter referred to as "the Releasees")

**"SPORT ACTIVITIES":** \_\_\_\_\_ (to be referred to as "SPORT" in this documents)

**DEFINITION**

In this Release Agreement, the term "SPORT" shall include all activities, events or services provided, arranged, organized, conducted, sponsored or authorized by the Releasees and shall include, but is not limited to: "SPORT"; "SPORT" rental; orientational and instructional courses, seminars and sessions; travel, transport and accommodation; and other such activities, events and services in any way connected with or related to "SPORT".

**PROTECTIVE EQUIPMENT**

I have been advised to wear all protective equipment that is required by the rules and regulations of the governing body for my sport.

**ASSUMPTION OF RISKS**

I am aware that "SPORT" involves many risks, dangers and hazards. The risks, dangers and hazards, including but not limited to: loss of balance; difficulty or inability to control one's speed and direction; variation or steepness in terrain; rapid or uncontrolled acceleration on hills and inclines; mechanical failure of equipment; variation or changes in the playing surface including rocks, gravel; changing weather conditions; exposure to temperature extremes or inclement weather; travel or transport to and from the sites used for "SPORT"; travel on highways and backcountry roads; encounters with domestic and wild animals including dogs, bears and cougars; collision with pedestrians, motor vehicles, cyclists and other players; failing to play safely or within the limitations of one's own abilities, negligence of other participants; and NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RISKS RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF "SPORT".

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH "SPORT" AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of the RELEASEES agreeing to my participation in "SPORT" and permitting my use of their services, equipment and other facilities, and for other 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 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, as a result of my participation in "SPORT" 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, ON THE PART OF THE RELEASEES, AND FURTHER INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN "SPORT" REFERRED TO ABOVE;**
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES for any and all liability for any property damage, loss or personal injury to any third party resulting from my participation in "SPORT";
3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the province where the "SPORT" takes place and no other jurisdiction; and
5. Any litigation involving the parties to this Release Agreement shall be brought solely within the province where the "SPORT" takes place and shall be within the exclusive jurisdiction of the Courts of that province.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of participating in "SPORT", other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS RELEASE AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

Witness
Please print name clearly

Signature of Participant
Signature of Guardian if Participant is under age of majority
Please print name clearly

Form 8011j August 2011



# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. <b>Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?</b>
<input type="checkbox"/>	<input type="checkbox"/>	2. <b>Do you feel pain in your chest when you do physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	3. <b>In the past month, have you had chest pain when you were not doing physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	4. <b>Do you lose your balance because of dizziness or do you ever lose consciousness?</b>
<input type="checkbox"/>	<input type="checkbox"/>	5. <b>Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?</b>
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?</b>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>Do you know of any other reason why you should not do physical activity?</b>

**If  
you  
answered**

## YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**