



**2022 PAR-Q+ FOR PARTICIPATION IN
THE CANADIAN MASTERS WEIGHTLIFTING COMPETITIONS**

PARTICIPANT DECLARATION

Please read and sign the declaration below and return it to the CMWFHCM along with “2022 PAR-Q+ Physical Activity Readiness Questionnaire for Everyone” and “Follow-up Questions About Your Medical Condition(s).”

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 CMWFHCM 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 _____

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

You must provide the Competition Director with a note from your doctor, approving your participation in this Weightlifting Competition.

PLEASE NOTE:

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, CMWFHCM, 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 this questionnaire, consult your doctor prior to physical activity.