



# BP WELLNESS CENTER

wellness.bpweb.bp.com

281-366-5109  
713-323-3488

*FOUR WESTLAKE, First Floor  
HELIOS PLAZA, First Floor*

## Visitor Par-Q\*

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

Office Address (city, country, etc.): \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Are you a member of another BP Fitness Facility (company sponsored) and if so where?  
\_\_\_\_\_

Are you a member of a commercial fitness facility or club? If so, where?  
\_\_\_\_\_

Reason for your visit/sponsor you are visiting on the Westlake Campus: \_\_\_\_\_  
\_\_\_\_\_

Length of visit? \_\_\_\_\_

## The Physical Activity Readiness Questionnaire (PAR-Q)

The following questionnaire is voluntary, but recommended. Regular physical activity is fun and healthy, and increasingly more people are becoming active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active.

Hopefully you are already physically active and are looking to continue that activity while visiting the Houston Westlake Campus. The PAR-Q will tell you if you should check with a doctor before you start (or continue).

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

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?

- 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- 7. Do you know of any other reason why you should not do physical activity?

*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 assessment. 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 that 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 fitness/exercise programs are safe and helpful for you.

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

- Start becoming more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in the fitness assessment (like the one provided by the BP Wellness Center) – this is an excellent way to determine your basic fitness level so that you can plan the best way for you to live actively.

**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.*

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

*\*The BP Wellness Center in WL4 and Helios Plaza are part of the BP Wellness Program. The program's purpose is to provide onsite BP Employees and Contractors the information and facilities needed to be/become fit and healthy in the safest and most effective way possible. Therefore, please do not confuse this program, facility and policies with a commercial club or Hotel weight room/fitness center.*

**WAIVER AND RELEASE**  
**USE OF BP WELLNESS CENTER**

As a condition of being permitted to access the BP Wellness Center and use the facility and its programs, I, \_\_\_\_\_, HEREBY WAIVE AND RELEASE, BP America Inc. (“BP”) and its agents, employees, officers, directors, affiliates, successors and assigns (collectively “BP Releasees”), of and from any and all claims arising from my participation in any of the events or activities at the BP Wellness Center.

By this Waiver, I assume any risk and waive any claims of personal injury, death or damage to personal property associated with my use of the BP Wellness Center including but not limited to undergoing the fitness evaluation required for joining the BP Wellness Center, taking group exercise classes or other cardiovascular activities classes at the facility, using the facility and its equipment in any manner, and practicing and/or engaging in weightlifting activities, or other related activities on and off the premises. Use of the facility and its equipment includes, but is not limited to mean, use of cardiovascular equipment, strength machines, free weights, showers, and locker rooms, etc. **You are encouraged to seek the advice of your personal physician prior to engaging in any exercise program.**

I agree that if a legal dispute arises, I will attempt to settle the dispute through mediation before a mutually acceptable mediator. To the extent mediation does not result in a resolution, I agree to submit the dispute to binding arbitration through the American Arbitration Association in Texas. I agree the laws of Texas shall apply in any action sought.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent or Guardian if an intern is under the age of 18