

# A Matter of Balance: Managing Concerns About Falls

## Participant Agreement

I \_\_\_\_\_ agree to participate in *A Matter of Balance*.

I have been informed that the sessions will include light to moderate exercise including stretching, balance and range of motion exercises. I take full responsibility for my participation in these exercises. I agree to work within my own comfort zone and agree to stop exercising if I feel any pain or discomfort and will let one of the facilitators know.

I have reviewed the PAR-Q and if necessary I agree to contact my physician regarding the exercises I will be doing as part of the A Matter of Balance Program.

Because I have answered “yes” on the PAR-Q, I sought the advice of my physician, \_\_\_\_\_, regarding the A Matter of Balance exercises.

\_\_\_\_\_ I received permission to engage in the exercises.

\_\_\_\_\_ I was advised to take the following precautions:

---

---

---

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**