

INFORMATION FOR PARTICIPANTS PRIOR TO THEIR PREP ASSESSMENT DATE

In preparation for assessment, participants should be aware of the following:

- Arrival Time: Arrive at the assessment site at least 30 minutes prior to your appointment to allow your blood pressure to return to the resting level. You will complete a “PREP Participation Assessment Day Declaration” with your PREP appraiser on the day of your assessment
- Bring with you: Please bring your completed 2020 PAR-Q+, (and if required, the directive from the on-line ePARmed-X+ at www.eparmedx.com) (Warburton et al 2015) You also need to bring your Participation Consent for PREP Assessment, as well as your Release, Waiver and Indemnity form. You will need to bring government issued photo identification
- Exercise Attire: Running shoes and exercise clothing
- Smoking: Do not smoke for two hours prior to you test
- Food and Beverages: Do not eat a large meal at least 2 hours prior to the assessment. Refrain from drinking caffeinated beverages 6 hours before the assessment and alcoholic beverages 24 hours before the assessment
- Exercise: Do not exercise vigorously in the 24 hours prior to the assessment
- Be advised that if you give any untruthful or misleading answers when completing the required forms, you may be found unsuitable for employment you could face disciplinary action or even dismissal



YORK REGIONAL POLICE
UNIFORM RECRUITING UNIT:

PARTICIPANT CONSENT FOR THE *PHYSICAL READINESS EVALUATION FOR POLICE (PREP) ASSESSMENT*

I, undersigned, do hereby acknowledge:

1. My consent to perform a circuit that simulates an emergency response in which a police constable covers a distance of 100 meters while climbing up and down a set of stairs four times, scaling a 1.2 m / 4ft fence twice, pulling my body up to look over a 2 m / 6.5ft fence twice, crawling under a low barrier four times, engaging with two machines that simulate accomplishing the control and restraint of a resisting offender twice, and pulling an offender or victim from a car then dragging the victim 50ft to a triage area throughout which I will be wearing a 4 kg belt and a 4 kg vest;
2. My consent to the assessments being supervised by a Qualified Exercise Professional who has been trained to administer these fitness assessment protocols;
3. My understanding that I may ask questions or request further information or explanation about the assessments;
4. My understanding that there exists the possibility of certain changes occurring during and after my performance of the fitness assessments including abnormal blood pressure, fainting, transient light-headedness, leg cramps, muscle strains, nausea, and, in rare instances, heart attacks or heart rhythm disturbances;
5. My obligation to immediately inform the fitness appraiser of any unusual pain, discomfort, fatigue or any other symptoms that I incur during or after the assessment;
6. My understanding that I may stop any further assessments if I so desire and also that the assessment may be terminated by the fitness appraiser upon his/her observation of any symptoms of distress or abnormal response;
7. That if I am over 45 years of age AND not accustomed to regular strenuous (vigorous) exercise, I have been cleared for participation in the fitness assessment by a Qualified Exercise Professional with advanced university specialized training in applied physical activity/exercise sciences or by my physician who completed the clearance form from the ePARmed-X+ at www.eparmedx.com for that purpose;
8. That I do not have two or more of the following coronary risk factors, or If I do, I have received clearance (ePARmed-X+ at www.eparmedx.com) before reporting to participate in the PREP; a family history of myocardial infarction or sudden death before 55 years of age; currently smoke cigarettes; have high blood pressure; have diabetes mellitus; have high blood cholesterol or work in a sedentary occupation and am physically inactive;
9. That I have read, understood and completed the 2020 Physical Activity Readiness Questionnaire+ (2020 PAR-Q+) and my answers to all questions were "No", or if I answered "Yes" to any question, I was subsequently cleared for participation in the PREP circuit by a Qualified Exercise Professional with advanced university specialized training in applied physical activity/exercise sciences or by my physician who completed the PREP Physical Activity Readiness Conveyance/Referral for that purpose;
10. That I assume all risks associated with normal use of equipment used in the PREP assessment.

Name of Participant
(Please Print)

Signature of Participant

Date

Name of Witness
(Please Print)

Signature of Witness

Date



YORK REGIONAL POLICE
UNIFORM RECRUITING UNIT:
RELEASE, WAIVER AND INDEMNITY FOR THE *PHYSICAL READINESS EVALUATION FOR POLICE* (PREP)
ASSESSMENT

I, _____ am participating in a physical fitness assessment for the position of:

☐
☐
☐

Police Constable

Special Constable

Other, please specify: _____

I HEREBY FULLY ACCEPT AND ASSUME SUCH RISK and in consideration of undergoing the physical assessment, I for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE the Region of York, the York Regional Police Service Board and the York Regional Police Service, the York Auxiliary Police Service, the Chief of Police and all their respective agents, officials, servants, contractors, representatives elected and appointed officials, successors and assign OF AND FROM ALL claims, damages, costs, expenses, actions, causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property however caused resulting or alleged to result from the physical fitness assessment, whether prior to, during or subsequent to such an assessment AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNITY all of the aforesaid from and against and all liability incurred by any or all of them arising as a result of, or in any way connected with the physical fitness assessment.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE RELEASE, WAIVER AND INDEMNITY.

Print Surname, Given

Signature

Date

Witnessed By:

Print Surname, Given

Signature

Date