

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

PARTICIPANT FULL NAME (FIRST, LAST)

STAFF/INSTRUCTOR

Please read the following questions carefully and check the appropriate answers. Answer all questions honestly and to the best of your ability.

YES/NO

- Has your doctor ever said that you have a heart condition (had a stroke, heart attack, or heart surgery) and/ or that you should only do physical activity recommended by a doctor?
- Do you feel pain in your chest when you do physical activity?
- In the past month, have you had chest pain when you were not doing physical activity?
- Do you lose your balance because of dizziness or do you ever lose consciousness?
- Have you ever been told by a doctor that you have bone, joint, or muscle problems that could be made worse by physical activity?
- Do you have a diagnosed illness that could be made worse by physical activity?
- Is your doctor currently prescribing medication for your blood pressure or heart condition?
- Do you know of any other reason why you should not do physical activity?
- Are you pregnant now or have given birth within the last 6 months?
- Have you had a recent surgery?
- Are you currently on any medications, either prescription or non-prescription, on a regular basis?

If you have answered 'Yes' to any of the above, please elaborate below:

I have answered the questions above to the best of my ability and affirm that my physical condition is good and I have no known conditions that would prevent me from participation. I acknowledge that participation is at my own pace and comfort level and that I may discontinue my participation in the sessions at any time. Furthermore, I agree to self-determine my exertion through good judgement and to discontinue any activity that exceeds my personal limitations. I understand that by signing this agreement I hereby waive and release the business, its Board Members, staff, and all relevant employees in any way from liabilities or demands as a result of injury, loss, or adverse health conditions as a result of my participation. I affirm that I have read and understand this document and I wish to participate in fitness activities.

PARTICIPANT SIGNATURE

DATE