

PAR-Q form & Liability Waiver

Please complete this form and give to your instructor before commencing exercise.

Personal Information

First Name/s:..... Surname:.....
 Sex: M/F (delete as appropriate) Date of Birth:/...../.....
 Email:.....
 Mobile:.....

Emergency Contact Information

Name:..... Contact Number:.....

Physical Activity Readiness Questionnaire

Please read carefully:

If you tick "Yes" to any of the boxes below you must have your doctors's consent before you take part in any physical activity.

Please tick relevant boxes:

	YES	NO
1. Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have chest pain brought on by physical activity or have you Developed chest pain in the last month?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you tend to loose conciousness or fall over as a result of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a bone or joint problem that could be aggravated by the propped physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a doctor ever recommended medication for your blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you aware of, through your own experience or from a doctor's advice of any other physical reason why you should not exercise without medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently or have you been pregnant in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you suffer from photosensitive conditions?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information:

I confirm that if any of the above changes I will tell my instructor straight away. You agree that by participating in physical exercise, you do so **entirely at your own risk**. You agree that you are voluntarily participating in these activities **and assume all risks**. You acknowledge that you have carefully read this "waiver" and fully understand that it is a **release of liability**.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signed: _____ Printed Name: _____ Dated: __/__/__

Parent/Guardian Signature (If under 18) Signed: _____ Dated: __/__/__