

PAR-Q & 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 are advised to seek medical advice/approval before you take part in any physical activity.

Please tick relevant boxes:

1. Has your doctor ever said that you have a heart condition and recommended
2. only medically supervised activity?
3. Do you have chest pain brought on by physical activity or have you developed chest pain in the last month?
4. Have you ever had asthma, chronic bronchitis or any other chest ailments?
5. Do you tend to lose consciousness or fall over as a result of dizziness?
6. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
7. Has a doctor ever recommended medication for your blood pressure or a heart condition?
8. Are you recovering from a recent illness / operation or injury?
9. Are you presently taking any form of medication?
10. Do you have any medical conditions we should be aware of?
11. Are you aware of any reason you should not exercise without medical supervision?
12. Are you currently or have you been pregnant in the last six months?
13. Do you suffer from photosensitive conditions? (Flashing lights used in some classes)

YES

NO

Additional Information:

I confirm that if any of the above changes, if I have any questions, feel unsafe or unwell, 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.

I agree to my personal contact information being used to send me important class updates *AND* other relevant updates, news and offers

IMPORTANT: If you do not tick this box it will not be possible to let you know about changes to classes, cancellations etc. You can unsubscribe at any time.

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

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