

Physical Activity Readiness Questionnaire (PAR-Q)



BOXING STRONG®

CLIENT PERSONAL DATA

Name _____ DOB _____

Address _____

Email _____ Phone _____

Emergency Contact _____ Phone _____

- I hereby authorize the coaches/trainers to provide emergency treatment of any injury or illness to myself that I may experience until qualified medical personnel can perform the necessary medical treatment.

HEALTH QUESTIONNAIRE

Review the conditions below and check the box if it applies to you. Please answer honestly.

- | | | | |
|--|--------------------------|--|--------------------------|
| Heart Condition / Blood Pressure | <input type="checkbox"/> | Chronic Medical Condition/s | <input type="checkbox"/> |
| Chest Pain / Pressure / Tightness | <input type="checkbox"/> | Please list if yes _____ | |
| Dizziness / Episodes of Fainting | <input type="checkbox"/> | Taking medications for chronic medical | <input type="checkbox"/> |
| Pregnant or Postnatal (6 months) | <input type="checkbox"/> | condition/s | |
| Doctor recommended to perform only | <input type="checkbox"/> | Please list if yes _____ | |
| medically supervised physical activity | | Bone / Joint / Soft Tissue problem | <input type="checkbox"/> |
| | | exacerbated by exercise | |
| | | Please list if yes _____ | |

If you answered 'YES' to one or more questions, consult your physician before engaging in physical activity. Tell your doctor which questions you answered "Yes" to. We want to continue to work with you as you consult with your doctor in order to help you achieve optimal physical health.

ACKNOWLEDGEMENT

I confirm that I have answered all questions honestly and that the information given is correct. I understand that this PARQ is valid for 12 months and is void if your condition/s change.

Print Name _____

Date _____

Signature

Voluntary Waiver of Liability and Photo Consent



BOXING STRONG®

INFORMED LIABILITY WAIVER: ADULT/MINOR

I hereby acknowledge my understanding of the inherent risks associated with strenuous physical exercise. I understand that I/ my child am not obligated to perform any activity that I/ my child do not wish to perform and that I/my child have the option of stopping any activity at any time. I assume the risk of and agree to accept responsibility for any injuries or damages resulting from my/ my child's participation in a fitness/ physical training program.

I acknowledge that I/ my child have been advised to consult with the physician of my choice before beginning any fitness program and that we have been provided the opportunity to do so. I understand that it is my responsibility to inform my personal trainer/instructor/coach of any exercise restrictions or limitations I/ my child may currently have.

I/my child are aware that participating in boxing is a potentially hazardous activity. I assume all risks associated with participation in boxing, including, but not limited to: falls, contact with other participants or equipment, the effects of the weather, traffic, and other reasonable risks associated with the sport. All such risks to me/ my child are known and appreciated by me.

I do, by this instrument, voluntarily release, exempt and discharge Boxing Strong®, its owners and agents from all liability and responsibility for personal injury and damages and from all claims or actions arising from or related to my participation in a group fitness program/ private physical training program. This release, waiver and assumption of risk shall be binding upon my heirs, executors, administrators, successors and assigns and any person or entity who claims through me or on my behalf. I warrant that I have read and understand the foregoing paragraphs and have signed this release, waiver and assumption of risk freely and intend my signature to be a complete unconditional and irrevocable release of all liability to the greatest extent allowed by law.

PHOTO CONSENT

I grant permission to Boxing Strong® for the ownership and use of the photograph(s), video(s) or any electronic media in any presentation of any and all kind whatsoever without compensation. This release authorizes Boxing Strong® to publish and share images or videos on any private or public channels for marketing purposes without reimbursement to the model. I understand that I may revoke this authorization at any time by notifying BoxingStron® in writing. The revocation will not affect any actions taken prior to the receipt of this notice. Upon revocation notification any unpublished pictures will be archived until the resolution of the dispute between Boxing Strong® and the model.

ACKNOWLEDGEMENT

I confirm that I have read and understood all information above. I understand my rights and responsibilities and sign this liability waiver and photo consent voluntarily.

Print Name _____

Date _____

Signature

COVID-19 Health Screen Attestation and Liability Waiver



BOXING STRONG®

COVID-19 LIABILITY WAIVER

I acknowledge the contagious nature of the COVID-19 virus, and respect that the facility adheres to the CDC recommendations of practicing social distancing and wearing face coverings.

I further acknowledge that Boxing Strong® has put in place preventative measures to reduce the spread of the COVID-19 virus, to the best of their abilities.

I further acknowledge that no guarantee exists regarding whether or not I may contract COVID-19. I understand that the risk of becoming exposed to and/or infected by the COVID-19 virus may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff and other clients. I acknowledge that I increase my risk of exposure to COVID-19 by participating in services rendered.

I acknowledge that I must comply with all set procedures to reduce the spread while in attendance.

HEALTH SCREEN ATTESTATION

I attest that:

- I am not experiencing any symptom of illness such as cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19.
- I have not been diagnosed with Coronavirus/Covid-19 by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible, including limiting any purposeful exposure to COVID-19.

ACKNOWLEDGEMENT

I hereby release and agree to hold Boxing Strong® harmless from any causes of action, claims, demands, damages, costs, expenses and compensation for damage to myself that may be caused by any act, or failure to act, or that may otherwise arise in any way with any services received. I understand that this release discharges the aforementioned from any liability with respect to bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received. This liability waiver and release extends to all owners, partners, and employees.

Print Name _____

Date _____

Signature