



# PAR-Q

(PRE ACTIVITY READINESS QUESTIONNAIRE)



Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

PLEASE READ & ANSWER THE FOLLOWING QUESTIONS CAREFULLY AND HONESTLY: CHECK YES/NO	YES	NO
HAS YOUR DOCTOR EVER SAID THAT YOU HAVE A HEART CONDITION?		
IS THERE ANY HISTORY OF CORONARY HEART DISEASE IN YOUR FAMILY?		
HAS YOUR DOCTOR EVER SAID THAT YOU HAVE HIGH BLOOD PRESSURE?		
DO YOU FEEL PAIN IN YOUR CHEST AT REST, DURING YOUR DAILY ACTIVITIES <b>OR</b> WHEN WHEN YOU DO PHYSICAL ACTIVITY?		
DO YOU LOSE BALANCE BECAUSE OF DIZZINESS <b>OR</b> HAVE YOU LOST CONSCIOUSNESS IN THE PAST 12 MONTHS? (ANSWER <b>NO</b> IF ASSOCIATED WITH OVER BREATHING OR VIGOROUS PHYSICAL ACTIVITY)		
HAVE YOU EVER BEEN DIAGNOSED WITH ANOTHER CHRONIC MEDICAL CONDITION OTHER THAN HEART DISEASE OR BLOOD PRESSURE?		
ARE YOU CURRENTLY TAKING PRESCRIBED MEDICATION FOR A CHRONIC MEDICAL CONDITION?		
DO YOU CURRENTLY HAVE ( OR HAVE HAD IN THE PAST 12 MONTHS) A BONE, JOINT OR SOFT TISSUE INJURY THAT COULD BE MADE WORSE BY EXERCISE (ARTHRITIS, OSTEOPOROSIS, BACK PAIN ETC)		
HAS YOUR DOCTOR EVER SAID YOU SHOULD ONLY DO MEDICALLY SUPERVISED EXERCISE?		
DO YOU HAVE DIABETES OR ANY OTHER METABOLIC CONDITION?		
DO YOU HAVE ANY ALLERGIES?		
HAVE YOU RECENTLY HAD A PREGNANCY? (LAST 6 MONTHS)		
DO YOU HAVE ASTHMA OR ANY OTHER BREATHING DISORDERS?		
DO YOU KNOW OF ANY OTHER REASON WHY YOU SHOULD NOT PARTICIPATE IN PHYSICAL ACTIVITY?		

PLEASE EXPAND HERE ON ANY QUESTIONS ANSWERED YES: \_\_\_\_\_

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**“I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE. ALL QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION”**

**\* IF YOU ARE NOT FEELING WELL DUE TO TEMPORARY ILLNESS (I.E COLD OR FEVER....) WAIT UNTIL YOU FEEL BETTER**

IF YOU ANSWERED **NO** HONESTLY TO ALL QUESTIONS, YOU CAN BE REASONABLY SURE THAT YOU ARE READY TO PARTAKE IN A PHYSICAL EXERCISE PROGRAM. BEGIN SLOWLY AND BUILD UP GRADUALLY, THIS IS THE SAFEST AND EASIEST WAY TO GO.

# INFORMED CONSENT FORM

## GENERAL STATEMENT OF PROGRAM OBJECTIVES & PROCEDURES:

PERSONAL TRAINING: I UNDERSTAND THAT MY PHYSICAL FITNESS PROGRAM IS INDIVIDUALLY TAILORED TO MEET THE GOALS AND OBJECTIVES AGREED UPON BY MY PERSONAL TRAINER AND ME. GROUP TRAINING CLASSES: I UNDERSTAND THAT THE PHYSICAL FITNESS PROGRAM IS DESIGNED TO ACCOMMODATE MULTIPLE INDIVIDUALS WITH VARYING GOALS AND FITNESS LEVELS.

I UNDERSTAND THAT THIS PERSONAL TRAINING PROGRAM MAY INCLUDE EXERCISES TO BUILD THE CARDIO RESPIRATORY SYSTEM (HEART & LUNGS), THE MUSCULOSKELETAL SYSTEM, (WHICH INVOLVES MUSCULAR ENDURANCE, STRENGTH & OVERALL FLEXIBILITY) AND TO IMPROVE BODY COMPOSITION (INCREASING MUSCLE & BONE & DECREASING BODY FAT). EXERCISE INCLUDES AEROBIC ACTIVITIES, SUCH AS WALKING, RUNNING, BICYCLE RIDING, ROWING MACHINE, GROUP AEROBICS, SWIMMING AND OTHER AEROBIC ACTIVITIES, WEIGHT LIFTING USING DUMBBELLS, MACHINES & OTHER EQUIPMENT TO IMPROVE MUSCULAR STRENGTH AND ENDURANCE, AS WELL AS FLEXIBILITY EXERCISES TO IMPROVE JOINT RANGE OF MOTION.

## DESCRIPTION OF POTENTIAL RISKS:

I UNDERSTAND THAT NO EXERCISE PROGRAM IS WITHOUT INHERENT RISKS REGARDLESS OF THE CARE TAKEN BY A PERSONAL TRAINER AND THAT MY PERSONAL SAFETY CAN NOT BE GUARANTEED BY MY PERSONAL TRAINER. I REALISE THAT WHEN PARTICIPATING IN ANY EXERCISES, PARTICULARLY THOSE THAT INDUCE CARDIOVASCULAR STRESS, THERE IS A SLIGHT CHANCE OF SERIOUS INJURY (E.G., HEART ATTACK, STROKE OR OTHER CARDIOVASCULAR ACCIDENTS) OR CATASTROPHIC INCIDENT (E.G., DEATH, PARALYSIS). LIKewise, I KNOW THAT ENGAGING IN MUSCULAR ENDURANCE, STRENGTH BUILDING AND OTHER FITNESS ACTIVITIES SOMETIMES SOMETIMES RESULTS IN MINOR INJURIES (E.G., BRUISES, MUSCULOSKELETAL STRAINS & SPRAINS), LESS FREQUENT, MORE SERIOUS INJURIES (E.G., MUSCLE TEARS, HERNIATED DISKS, TORN ROTATOR CUFFS), AND RARELY CATASTROPHIC INJURY (E.G., DEATH, PARALYSIS).

## DESCRIPTION OF POTENTIAL BENEFITS:

I UNDERSTAND THAT A REGULAR EXERCISE PROGRAM HAS BEEN SHOWN TO HAVE DEFINITE BENEFITS TO GENERAL HEALTH & WELL-BEING. I KNOW THAT SOME OF THE BENEFITS CAN INCLUDE WEIGHT LOSS, REDUCTION OF BODY FAT, IMPROVEMENT OF BLOOD LIPIDS, LOWERING OF BLOOD PRESSURE, IMPROVEMENT OF CARDIOVASCULAR FUNCTION, REDUCTION IN THE RISK OF HEART DISEASE, IMPROVED STRENGTH & MUSCULAR ENDURANCE, IMPROVED POSTURE, AND IMPROVED FLEXIBILITY.

## PARTICIPANT RESPONSIBILITIES:

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO FULLY DISCLOSE ANY HEALTH ISSUES OR MEDICATIONS THAT ARE RELEVANT TO PARTICIPATION IN A STRENUOUS EXERCISE PROGRAM. INFORM THE COACH AND CEASE EXERCISE AND REPORT PROMPTLY ANY UNUSUAL FEELINGS (E.G., CHEST DISCOMFORT, NAUSEA, DIFFICULTY BREATHING, APPARENT INJURY).

I HAVE READ AND UNDERSTOOD THE ABOVE AGREEMENT. I HAVE BEEN ABLE TO ASK QUESTIONS REGARDING ANY CONCERNS I MIGHT HAVE. I HAVE HAD THOSE QUESTIONS ANSWERED TO MY SATISFACTION, AND I AM FREELY SIGNING THIS AGREEMENT.

**PRINT NAME:**

**DATE OF BIRTH:**

**FULL ADDRESS:**

**POSTCODE:**

**EMERGENCY CONTACT:**

**TELEPHONE:**

**SIGNATURE:**

**DATE:**

**SIGNATURE OF PARENT/GUARDIAN**

(FOR PARTICIPANTS UNDER THE AGE OF 16) \_\_\_\_\_