



### Physical Activity Readiness Questionnaire

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

In order to engage in any form of physical activity you must complete this form.

Please **initial** below:

**YES NO**

\_\_\_\_\_ 1. I understand that I should consult a doctor and get approval from him or her before starting an exercise program.

\_\_\_\_\_ 2. Are you currently under a doctor's supervision? \_\_\_\_\_ For what? \_\_\_\_\_

#### Waiver of Liability

This class is designed for people who have no major risk factors that exercise would exacerbate. It is recommended that you consult a doctor prior to the start of the program. I acknowledge that these activities involve certain risks. I understand and accept that by participating in these activities, I voluntarily assume these risks. The intent of the waiver is that Patti Presson Fitness will not be held liable should you sustain an injury while participating in this class. By signing and returning this form Patti Presson Fitness is not liable for any injury.

**I understand the above policies and agree to adhere to the terms and conditions of this agreement. I agree that all information provided above is true and accurate.**

Participant's Signature

(or parent or guardian if student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_