



## Physical Activity Readiness Questionnaire

Date:

Name:

Address:

City:

State:

Telephone Number:

Email:

Date of Birth:

Emergency Contact: (name, relationship, telephone number)

Regular exercise is beneficial to the health in general. However, one must be careful about any associated injury risk. Please fill out the following form carefully so that your training program may be properly planned in accordance to your risk profile. Please answer the following questions Yes or No.

- 1) Do you have a heart condition due to which you should only undertake physical activity recommended by a physician?
- 2) Do you have a joint or bone problem that might get worse with physical activity?
- 3) Do you have insulin dependent diabetes?

If you answer 'yes' to any of the above questions, please **notify Director for guidance.**

**Note: If a No turns into a Yes during your training program, please notify Director for guidance.**

I have read, understood, and completed the above form to the best of my knowledge. Any questions I had were answered to my full satisfaction. I understand that I will be going through a strenuous physical training routine during which I have a risk of being injured.

I am voluntarily participating in this training program and take full responsibility for any risk of injury that might result. Due to specialized nature of business model, Fitness Fencing, llc includes commercial liability insurance and coaching insurance for special emergency circumstances and events through Selective Insurance and USFA as part of the customer-service package.

I agree to waive any claim or right to sue Fitness Fencing, llc, any agent, partner studio, employee, student associated with training program if injured.

Participant's signature

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Date

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Signature or Parent/Guardian if under 18

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Name and Signature of FF Director

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