

Physical Activity Readiness Questionnaire (PAR-Q) Short Version

Name:

Date Of Birth:

Address:

.....

.....

Email:

Phone:

Next of Kin:

Emergency Contact No:

The PAR-Q will tell you if you should check with your doctor before you significantly change your physical activity patterns. If you are over 69 years of age and are not used to being very active, it is advisable to check with your doctor before you begin.

Please answer each question honestly with a Yes or No

	Yes	No
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had a chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing medication for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why you should not take part in physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
If YES please comment:		

If you answered YES to one or more questions:
 You should consult with your doctor to gain consent before participating in physical activity.

If you answered NO to all of the questions:
 It is considered reasonably safe for you to participate in regular physical activity, gradually building up from your current ability level.

I HAVE READ, UNDERSTOOD AND ACCURATELY COMPLETED THIS QUESTIONNAIRE. I CONFIRM THAT I AM VOLUNTARILY ENGAGING IN AN ACCEPTABLE LEVEL OF EXERCISE, AND MY PARTICIPATION INVOLVES A RISK OF INJURY.

GDPR

Your information that is collected from this PARQ Form is necessary to inform us of your health before participating in our classes. Your information will be stored securely according to strict GDPR policy and only kept for the duration of your attendance of our classes. On cessation of such will be destroyed. Your information will never be shared with third parties. **By signing this form you are hereby giving your consent to us storing your personal information.**

Signature: **Print Name:** **Date:**

Having answered YES to one or more of the questions above, I have sought medical advice and my GP has agreed that I may exercise.

Signature:..... **Print Name**..... **Date**

Note: This PAR-Q becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.

Informed Consent & Liability Waiver

Informed Consent for Exercise Participation

I understand that my participation in any of the exercise programmes, classes, events and/or related activity conducted by Marina Carpenter, Pilates Instructor take place at my own risk and is fully voluntary.

I understand that exercise can be physically stressful and, in certain instances, can result in injury or even cause death. In signing this consent form, I affirm that I have read, accept and understand this form in its entirety and that I understand the nature of exercise. I know that there may be risks associated with Pilates fitness classes and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the Pilates fitness class and to the extent I deem advisable, will consult a physician before participating in any of the activities.

Please tick if understood:-

- I hereby state that I will inform Marina Carpenter, Pilates Instructor of any symptoms (eg. fatigue, chest discomfort, shortness of breath, any pain/discomfort/concern for my safety) that I feel during my participation in exercise.
- I understand that I will be given instructions on how to perform an exercise and use equipment and I will ask Marina Carpenter, Pilates Instructor any questions if I do not understand any instructions.
- It is my responsibility to desist in performing any exercise if I feel at all unwell.
- If I have diabetes, a heart condition, high blood pressure, an existing injury, have had recent surgery or am taking any prescribed medications that could affect my performance, I will inform Marina Carpenter, Pilates Instructor prior to participating in any exercise.
- I will perform any exercise at my own pace, based upon my cardio-respiratory fitness, muscular strength and endurance.

Agreement and Waiver/Release of Liability

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, Powers of Attorney, heirs, next of kin, successors and assigns to:

1. Waive, release and discharge from any and all liability to Marina Carpenter, Pilates Instructor for my death, disability, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me in activities related to my Pilates training.
2. Indemnify and hold harmless Marina Carpenter, Pilates Instructor from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity. Therefore, intending to be bound and as a condition of being allowed to participate in the Pilates class, have freely signed this waiver on the date indicated.

I acknowledge that I have read this document in its entirety and I understand all of the above. I acknowledge that I have had the opportunity to ask questions and receive answers.

Client's
Name:..... **Client's**
Signature: **Date:**.....

Instructor's
Name:..... **Instructor's**
Signature: **Date:**.....