

1ST STEP FITNESS PAR-Q

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE INFORMED CONSENT & LIABILITY WAIVER

PERSONAL DETAILS

Name: _____ DOB: _____
Address: _____

Home Tel: _____ Mobile: _____
Email: _____
Next Of Kin: _____ Contact Number: _____

The following PAR-Q is designed to identify the small number of people for whom physical activity may be inappropriate or for those that may need to seek the advice of a medical professional to check suitability of the proposed activity before commencing.

PLEASE ANSWER THE FOLLOWING QUESTIONS (PLEASE TICK)

	YES	NO
1 Has your doctor ever said that you have any form of heart condition & that you should only do physical activity recommended by a doctor?		
2 Have you ever suffered with chest pains when taking part in physical activities?		
3 Do you lose balance because of dizziness or do you ever lose consciousness?		
4 Have you ever been told that you have a high blood pressure?		
5 Do you have or suffer with any bone or joint problems (For example back, knee, hip pain or arthritis) that could be aggravated by physical activity?		
If you answered yes please explain:		
6 Are you currently taking any prescribed medication which may affect your participation in physical activity?		
If you answered yes please state medication:		
7 Do you suffer with any breathing difficulties, for example asthma?		
If yes please state:		
8 Do you suffer with any of the following; Diabetes, Epilepsy or any Allergies?		
If yes please state:		
9 Do you know of any reason why you should not participate in physical activity?		
If you answered Yes to any of the above questions please consult your doctor to check suitability of the proposed activity and gain consent before participating.		
If you answered No to all of the above questions & you have reasonable assurance of your suitability to participate in personal programmes & group activities, using the facilities, equipment and professional guidance of 1ST STEP FITNESS Personal Training and Group Fitness Instruction, in addition to agreed payments and fees.		
10 Only if you answered Yes to any of the above questions, do you have consent from your doctor to perform this activity? If so please tick Yes box & sign here If no please seek medical advice before participating.		

INFORMED CONSENT, LIABILITY WAIVER & PRIVACY POLICY:

1ST STEP FITNESS is committed to protecting our customer privacy & takes its responsibility regarding the security of customer information & data very seriously. No details you provide us will be passed on to any other party unless in a medical emergency. After a reasonable time of ceasing training with us your details will be destroyed / deleted.

I hereby grant **1ST STEP FITNESS** permission to use my likeness in a photograph, video, or other digital media ("photo") in any & all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of **1ST STEP FITNESS** and will not be returned.

For our full privacy policy please see www.1stStepFitnessUk.com or ask our trainers to provide you with a copy.

I hereby waiver, release and forever discharge **1ST STEP FITNESS** from any responsibility or liability for injuries or damages, which may result from my participation in any activities or use of equipment provided by my personal training / fitness instructor.

You are advised to postpone entry into any form of exercise or participation in your programme if you feel unwell or have a temporary illness.

You must inform your personal trainer of any changes to your health status, whilst engaged in your training programme or activity.

I hereby declare myself physically fit and have either had a physical examination or been given clearance from my doctor to participate in physical activity.

Client Name: _____ Signature: _____ Date: _____
Witness Name: _____ Signature: _____ Date: _____