



**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE**

Physical activity should not be hazardous for most people. The PAR-Q has been designed to identify those individuals who should seek medical attention prior to beginning a physical fitness program.

Please answer all questions accurately and honestly to allow us to fully determine your individual needs.

Date \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MOBILE: \_\_\_\_\_ EMAIL \_\_\_\_\_

AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

	YES	NO
1. Do you have high cholesterol?		
2. Has your doctor ever said that you have heart trouble?		
3. Has your doctor ever told you that your blood pressure was too high?		
4. Is there any reason, not mentioned thus far, that would not allow you to participate in a physical fitness program?		
5. Has your doctor ever told you that you have a bone or joint problem (such as arthritis) that has been or may be exacerbated by physical activity?*		

*\* If you answered YES to Question #5, please indicate if your bone or joint problem involves one or more of the following:*

\_\_\_\_\_ Knee

\_\_\_\_\_ Shoulder

\_\_\_\_\_ Lower back

\_\_\_\_\_ Hip

\_\_\_\_\_ Other (specify) \_\_\_\_\_

**Rank the following by order of importance, with “1” being the MOST important and “5” being the LEAST important to your personal situation.**

**I would like to:**

- \_\_\_\_\_ Increase Muscle Tone
- \_\_\_\_\_ Lose Body Fat
- \_\_\_\_\_ Increase Stamina
- \_\_\_\_\_ Increase Strength/Lean Mass
- \_\_\_\_\_ Improve Overall Health

### **Waiver and Release**

In consideration for allowing me to participate in the physical exercise, athletic activities, and the use of equipment, training, and instruction, I HEREBY AGREE TO WAIVE, RELEASE, INDEMNIFY AND HOLD HARMLESS, Douglas Rice, The FitWit Group, LLC, Bridalicious Boot Camp, Boot Camp 90210, any trainers, instructors, volunteers, agents, assigns, together with all persons assisting with any phase of such activities (collectively referred to as “Releases”) FROM ANY AND ALL CLAIMS, SUITS, LOSSES, DAMAGES, CAUSES OF ACTION, EXPENSES OF LITIGATION, AND/OR SETTLEMENT, OR OTHER LIABILITY by reason of any accident or injury suffered by me, which may arise in conjunction with this activity, whether or not caused by or alleged to be caused by the negligence, instruction, or training of Douglas Rice, The FitWit Group, LLC, or any other trainer(s), instructor(s), volunteer(s), agent(s), or assign(s).

It is always advisable and recommended to consult your physician before undertaking this or any exercise program.

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. In signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack, or death. By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility, the trainer/instructor, facility or any persons involved with this program and testing procedures.

Name (please print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date \_\_\_\_\_