

**The Fitness Funatic**  
**Physical Activity Readiness Questionnaire**

\* This Questionnaire forms part of the Informed Consent and Release\*

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active. If you are planning to become more physically active than you currently are, answer the seven questions below. If you are between the ages of 15 and 69, the PAR-Q will tell you if should check with your doctor before you start. If you are over 69 years of age, and are planning to increase your activity level, check with your doctor before starting. Common sense is your best guide when answering these questions. Please read them carefully and answer each one honestly, checking YES or NO.

Y   N

- |  |
|--|
| <input type="checkbox"/> <input type="checkbox"/> 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor? |
| <input type="checkbox"/> <input type="checkbox"/> 2. Do you feel pain in your chest when you do physical activity?   |
| <input type="checkbox"/> <input type="checkbox"/> 3. In the past month, have you had chest pain when you were not doing physical activity?   |
| <input type="checkbox"/> <input type="checkbox"/> 4. Do you lose balance because of dizziness or do you ever lose consciousness?   |
| <input type="checkbox"/> <input type="checkbox"/> 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?                                 |
| <input type="checkbox"/> <input type="checkbox"/> 6. Is your doctor currently prescribing drugs (example: water pills) for your blood pressure or heart condition?                       |
| <input type="checkbox"/> <input type="checkbox"/> 7. Do you know of <u>any other reason</u> why you should not do physical activity?   |

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the fitness activities offered by the organization and I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these fitness activities. I agree to inform the organization of any physical limitations, physical discomforts and/or injuries before, during or after my participation in any fitness activities connected with, associated with or offered by the Fitness Funatic, "the organization" as referenced in the Informed Consent and Release and I take full responsibility for non-disclosure.

I hereby certify that I have no knowledge of any physical disability which would make participation in any of the fitness activities connected with, associated with or offered by the organization hazardous to my health. I understand that certain risks of injury may occur while participating in any of the fitness activities connected with, associated with or offered by the organization, such as sprains, strains and other health risks. I consider myself physically able to participate and by continuing my participation, I will assume those risks and results. I have read, understood and completed this questionnaire and the Informed Consent and Release.

**The Fitness Funatic**  
**Informed Consent and Release**

**THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

1. I \_\_\_\_\_ declare that I intend to use some or all of the activities, programs and services offered by the Fitness Funatic, including but not limited to, the owners, officers, directors, agents, employees, volunteers, business operator, independent contractors and site/ property owners or lessees (the "organization"). I understand that I have a different capacity for participating in such activities, programs and services.
2. I am aware that all programs and advice offered the organization are self-directed in nature and that at no time am I obligated to perform such programs, exercise and activities as prescribed. I assume full responsibility during and after my participation for my choices to use or apply at my own risk, any portion of the information or instruction I receive.
3. I recognize that my participation in the classes, workshops, activities, facilities, programs and services offered by the organization may require physical exertion, which may be strenuous and could result in physical injury and expose me to potential health risks including, but not limited to, transient light headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, muscle strains, sprains and delayed onset of muscles soreness.

4. I am fully aware of the risks and hazards involved in my participation and understand that I am responsible to curtail my activities according to my body's physical response and my personal comfort level and that I may stop or delay participation in any activity or procedure if I so desire. I also understand that I may be requested to stop and rest by the organization upon observation of symptoms of distress and/or abnormal response.
5. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the fitness activities offered by the organization and I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these fitness activities. I agree to inform the organization of any physical limitations, physical discomforts and/or injuries before, during or after my participation in any fitness activities connected with, associated with or offered by the organization and I take full responsibility for non-disclosure.
6. I understand and I am aware that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health and the awareness, care and skill that I possess and use. My participation is completely voluntary, and I agree to accept and assume full responsibility for any risks, personal injuries, death, property damage or loss to myself or any other person, known or unknown, which may occur as a result of my participation in the fitness activities connected with, associated with or offered by the organization.
7. In consideration for participation in any fitness activities connected with, associated with or offered by the organization I acknowledge and agree to the following:
  - (a) to waive all claims, known or unknown, that I have or may have in the future against the organization;
  - (b) that the organization is not liable or responsible for any damage to, loss of or theft of my property;
  - (c) to release and forever discharge the organization from any liability for any personal injury, death, property damage or loss resulting from my participation in fitness activities connected with, associated with or offered by the organization due to any cause, including but not limited to, negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract, mistake, or error of judgment of the organization; and
  - (d) to be liable for, and to hold harmless and indemnify the organization from any and all actions, proceedings, claims, damages, costs, demands, including solicitor-client costs and liabilities of any nature or kind arising out of or in any way connected with my participation in fitness activities connected with, associated with or offered by the organization.
8. I understand that I may ask any questions or request further information and/or explanations about the activities, programs, services and advice offered by the organization and that it has been recommended that I seek a physician's approval before beginning or resuming any exercise program.
9. I further understand that there are NO refunds unless medically recommended that I should not participate in the activities, programs and services offered by the organization.
10. I agree to adhere to the policies and rules as set forth by the organization and that these rules and policies may change without notice. Failure to adhere to the rules and policies of the organization may result in the immediate termination of any class memberships, personal training, nutrition programs and any fitness activities connected with, associated with or offered by the organization with NO refund.
11. I declare that I have read, understood and agree to the contents of this INFORMED CONSENT AND RELEASE in its entirety and that this document shall bind and enure to my respective heirs, administrators, executors, successors and assigns.

Name (PRINT) \_\_\_\_\_ PHONE #: \_\_\_\_\_

Emergency Contact (name & phone number) \_\_\_\_\_

Signature \_\_\_\_\_ Age: \_\_\_\_\_

If under 18, Parent Name & Signature \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box#: \_\_\_\_\_ Postal Code \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_