

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 attentions prior to beginning a physical fitness program.

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

Date: _____ Body Fat %: _____ Blood Pressure: _____

First Name: _____ Last Name: _____

Address: _____

Post Code: _____

Home Phone: _____ Mobile: _____

Email Address: _____

Age _____ Height _____ Weight _____ D.O.B. _____

Doctors Name and Address: _____

Occupation: _____ Employer: _____

1. Do you have any now or known history of the following (underline):

- Muscular-skeletal problems:
- Arthritis; Osteoporosis; Fractures; Joint replacement; Pins and plates:
- Heart/Circulatory/Arterial/Blood pressure:
- Thrombosis/Embolism/Varicose veins:
- Diabetes/Epilepsy/Asthma/Allergy:
- Skin conditions:
- Cuts/Bruises/Burns/Rashes/Scars/Warts/Moles:
- Pregnancies:
- Major/Recent illnesses:
- Major/Recent operations:
- Digestive/Urinary/Endocrine/Respiratory/Neurological problems:

2. Has your doctor ever said that you have heart trouble? (Y/N) _____

3. Are you over 65 years of age and not accustomed to vigorous exercise? (Y/N) _____

4. Do you smoke? _____

4. Is there any reason, not mentioned thus far, that would not allow you to participate in a physical fitness program? (Y/N) _____

Declaration:-

I confirm to the best of my knowledge that the information given within this document is correct and understand that it will be treated with the strictest of confidence by Marc Kent Personal Training (and those acting on behalf of Marc Kent Personal Training) for services that I may wish to engage in now and in the future. Furthermore should there be a change in the above information I will inform Marc Kent Personal Training immediately.

Signature: _____ Date: _____

Turn Over

The following information will be treated as privileged information:

YES/ NO

1. Do you ever feel weak, fatigued, or sluggish? _____
2. How many meals do you eat each day? _____
3. Do you know how many calories you eat in a day? _____
4. Do you eat breakfast? _____
5. Are you taking supplements?
(i.e. vitamins, amino acids, protein shakes, etc.) _____
6. Do you crave sugary foods? _____
7. Do you need several cups of coffee to keep you going throughout the day? _____
8. Do you often experience digestive difficulties? _____
9. Proper nutrition can increase the body's ability to enhance physical and mental performance by up to 80%. Do you feel that a properly structured nutrition and exercise program would benefit you? _____
10. How long have you been exercising? _____
11. Have you reached and maintained your goals? _____
12. Are you happy with the way you look and your health? _____
13. On a scale of 1 to 10, how serious are you about achieving your goals? (with 1 being least & 10 being most serious)

1 2 3 4 5 6 7 8 9 10

Please list your desired fitness goals:

Desired Body Fat: _____ Desired Weight: _____

Desired Waist Size: _____ Desired Dress or Pant Size: _____ I plan to exercise _____ times a week

WARNING: THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS

Agreement for participating in Personal/Group Strength/Fitness and Conditioning Training

The 'Trainer' refers to Marc Kent Fitness and its employees and associates

The 'Activity' refers to your participation in any activity with Marc Kent Fitness, its employees and associates.

- I acknowledge that it is a condition of participating in this activity that I do so at my own risk.
- I accept all risks and hereby indemnify and release the Trainer and any person or body either directly or indirectly associated with the Trainer against all liability (including liability for negligence and the negligence of others), claims, demands, and proceedings arising out of or connected with my participation in this activity.
- This release and indemnity continues forever and binds my heirs, successors, executors, personal representatives and assigns.
- I acknowledge that participating in this activity may involve a risk of serious injury or even death from various causes including: over exertion, dehydration, equipment failure and accidents with equipment and surroundings
- I recognise the difficulties associated with the activity and attest that I am physically fit and able to participate safely and that a qualified medical practitioner has not advised me otherwise.
- I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health I will inform the Trainer immediately. By continuing to participate in this activity, I accept the risks despite these conditions and am still, and will always be under the terms of this agreement.
- I certify that I am 18 years or older and have read this document and fully understand it

OR

- As a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of this activity on the terms referred to.

Signature :.....(guardian/parent to sign if under 18 years of age)

Full name:(please print).....Date:.....

Name of Trainer:.....Signature of Trainer:.....