



## Physical Activity Readiness Questionnaire (Par-Q)

For most people physical activity should not pose any problem or hazard. The Par-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these questions. Please read them carefully and check **YES** or **NO** if it applies to you. If a question is answered with **YES**, *please use the available space to explain your answer and give additional details.*

1. Has a doctor ever said that you have a heart condition and that you should ☐ YES ☐ NO only do medically supervised physical activity?
2. Do you feel pain in your chest when you do physical activity? ☐ YES ☐ NO
3. In the past month, have you had chest pain when you were not doing physical activity? ☐ YES ☐ NO
4. Do you lose your balance because of dizziness or do you ever lose consciousness? ☐ YES ☐ NO
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? ☐ YES ☐ NO
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? ☐ YES ☐ NO
7. Do you know of any other reason why you should not do physical activity? ☐ YES ☐ NO

**List below any bone or joint problems, prior surgeries, or any other medical issues that your trainer should consider when developing your plan.**


## RELEASE FORM FOR PARTICIPATION IN THE FITNESS FACTORY OF SALEM NH GROUP TRAINING PROGRAMS.

It is possible that certain unhealthy changes may occur during exercise (e.g., dizziness/fainting, abnormal heart rhythms, and in rare instances, heart attacks). I hereby accept all risks of such changes.

In consideration of acceptance of my participation in such program, I hereby release The Fitness Factory and all officers, directors, employees and agents (as a group and as individuals) of any of the foregoing for liability for any injury or damage sustained by me while participating in such a program.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Sign Name \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_