

## Modified Physical Activity Readiness Questionnaire (PAR-Q)

Name  Date

Age  Email  Home Phone  Cell Phone

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

<input type="radio"/> Yes	<input type="radio"/> No	1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
<input type="radio"/> Yes	<input type="radio"/> No	2) When you do physical activity, do you feel pain in your chest?
<input type="radio"/> Yes	<input type="radio"/> No	3) When you were not doing physical activity, have you had chest pain in the past month?
<input type="radio"/> Yes	<input type="radio"/> No	4) Do you ever lose consciousness or do you lose your balance because of dizziness?
<input type="radio"/> Yes	<input type="radio"/> No	5) Do you have a joint or bone problem that may be made worse by a change in your physical activity?
<input type="radio"/> Yes	<input type="radio"/> No	6) Is a physician currently prescribing medications for your blood pressure or heart condition?
<input type="radio"/> Yes	<input type="radio"/> No	7) Are you pregnant?
<input type="radio"/> Yes	<input type="radio"/> No	8) Do you have insulin dependent diabetes?
<input type="radio"/> Yes	<input type="radio"/> No	9) Are you 69 years of age or older?
<input type="radio"/> Yes	<input type="radio"/> No	10) Do you know of any other reason you should not exercise or increase your physical activity?

If you answered "yes" to any of the above questions, talk with your doctor **BEFORE** you become more physically active. Tell your doctor your intent to exercise and to which questions you answer "yes". If you honestly answered "no" to all questions you can be reasonably positive that you can safely increase your level of physical activity **gradually**. If your health changes so you answer "yes" to any of the above questions, seek guidance from a physician.

Participant's Signature	<input style="width: 95%; height: 20px;" type="text"/>		Date	<input style="width: 95%; height: 20px;" type="text"/>
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**Adrenaline Sports & Fitness Boot Camp Group Exercise Class**  
**Informed Consent and Release of Liability**

I desire to engage in the **Adrenaline Sports & Fitness Boot Camp** (hereafter referred to as **Boot Camp**) in order to attempt to improve my physical fitness. I understand that the purpose of the **Boot Camp** is to develop anaerobic conditioning, improve body composition, increase flexibility, and develop muscular strength and endurance.

I understand that I am responsible for monitoring my own condition throughout the **Boot Camp** and should any unusual symptoms occur, I will cease my participation and inform the instructor(s) of those symptoms.

I agree to completely and honestly fill out the PAR-Q document. In the event that a medical clearance must be obtained prior to my participation in the **Boot Camp**, I agree to consult my physician and obtain written permission from my physician before commencement of any and all **Boot Camp(s)**. In the event of refusal to obtain medical clearance from your physician, participation will not be permitted. Discretion of participation resides solely upon the individual.

I agree to abide by any rules established by Tony Poggiali, and any staff member of Adrenaline Sports & Fitness. If I do not abide by those rules, I relinquish further participation in subsequent **Boot Camp** classes. I also agree to be evaluated, if warranted, before commencement of any and all **Boot Camp(s)** to determine my level of conditioning and current and past health and medical history, including, but not limited to, medication and physical contraindications.

I agree to assume the risk of such exercise, and further agree to hold harmless Tony Poggiali, and Adrenaline Sports & Fitness and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims of gross and/or ordinary negligence that may result in my injury or death, accidental or otherwise, during or arising in any way from the **Boot Camp**.

Signature of Participant

Date

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(Boot Camp Drill Instructor Signature)

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(Date)

NOTE: The email button above will only work with local applications like Outlook, not webmail like Gmail, Yahoo or Hotmail. If you're using web-based email, you will need to print and fax. You can still type into the form before printing if you prefer. Please fax completed forms 513.779.2245.