

Modified Physical Activity Readiness Questionnaire

Name		Date
Age	Email	Mobile Phone

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:

Yes	No	1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
Yes	No	2) When you do physical activity, do you feel pain in your chest?
Yes	No	3) When you were not doing physical activity, have you had chest pain in the past month?
Yes	No	4) Do you ever lose consciousness or do you lose your balance because of dizziness?
Yes	No	5) Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Yes	No	6) Is a physician currently prescribing medications for your blood pressure or heart condition?
Yes	No	7) Are you pregnant?
Yes	No	8) Do you have insulin dependent diabetes?
Yes	No	9) Are you 69 years of age or older?
Yes	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 signature	Date
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Adrenaline Sports & Fitness M2 Group Exercise Class
Informed Consent and Release of Liability

I desire to engage in the **Adrenaline Sports & Fitness Group Exercise Class** (hereafter referred to as **M2**) in order to attempt to improve my physical fitness. I understand that the purpose of the **M2** 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 **M2** 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 **M2**, I agree to consult my physician and obtain written permission from my physician before commencement of any and all **M2(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 **M2** classes. I also agree to be evaluated, if warranted, before commencement of any and all **M2(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 and indemnify Tony Poggiali, Adrenaline Sports & Fitness, ASF's staff members, ASF's employees, ASF's insurers and associates against any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims of ordinary negligence that may result in my injury or death, accidental or otherwise, during or arising in any way from the use of ASF's equipment and facilities.

I understand and agree that Adrenaline Sports & Fitness is not responsible for property that is lost, stolen, or damaged while in, out or about the premises.

I have read the foregoing waiver and release all liability and voluntarily executed this document with full knowledge of its contents.

(Signature of Participant)

(Date)

(ASF Staff Signature)

(Date)

