

Physical Activity Readiness Questionnaire PAR-Q

If you are planning on beginning an exercise program, please start by answering the seven questions listed below. If you are between the ages of 15 to 69, the PAR-Q will tell you if you should check with a physician prior to beginning your exercise program. If you are over 69 please check with your physician prior to starting an exercise program.

Please read the following questions and answer each one honestly by circling either **Yes** or **No**.

1. Has a doctor ever told you that you have a heart condition and recommends only medically supervised activity?
Yes No
2. Do you ever have chest pain brought on by physical activity?
Yes No
3. Have you developed chest pain in the past month?
Yes No
4. Have you on one occasion or more, lost consciousness or fallen over as a result of being dizzy?
Yes No
5. Do you have a bone or joint problem that may be aggravated by physical activity?
Yes No
6. Has a doctor ever recommended medication for your blood pressure or a heart condition?
Yes No
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason that would prohibit your from exercising without medical supervision?
Yes No

If you answered **YES** to any of the above questions, please contact your physician prior to increasing your physical activity.

Signature of person completing the PAR-Q: _____

Date: _____ / _____ / _____

INFORMED CONSENT AND WAIVER OF LIABILITY

I, _____, have enrolled in a program of strenuous physical activity, including but not limited to, cardiovascular training, resistance training, interval training, circuit training, and the use of various aerobic and conditioning equipment offered by Maureen Chagnon Nee (hereafter, MCN) and Falmouth Men’s Club (hereafter, FMC). I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.

In consideration of my participation in an exercise program with MCN & FMC, I, for myself my heirs and assigns, hereby release MCN & FMC from, any claims, demands and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my participation in the exercise program and I hereby release MCN & FMC from any liability now or in the future including but not limited to, heart attacks, muscle strains, pulls, or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness or injury, however caused, occurring during or after my participation in this exercise program.

I understand that the information provided to MCN & FMC will be held confidential.

I hereby affirm that I have read and fully understand the above.

Signature of Client

Date _____

Printed name of Client

Signature of Parent/Legal Guardian
if Client is a minor

Date _____

Printed Name of Parent/Legal Guardian