

**B-Fit Physical Activity Readiness Questionnaire (PAR –Q) (Infirmed Consent – Liability Waiver)**

Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of Physical activity in your life.

For most people, physical activity should not pose any problem or hazard. PAR-Q is 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 the best guide in answering these few questions.

|  |  |
| --- | --- |
| FULL Name | Name |
| DOB | Date of Birth |
| Address | Address |
| Postcode | Postcode |
| Telephone Number | Telephone Number |
| Email Address | Email Address |

|  |  |  |
| --- | --- | --- |
| **1** | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | Select |
| **2** | Do you feel pain in your chest when you do physical activity? | Select |
| **3** | In the past month, have you had chest pain when you were not doing physical activity? | Select |
| **4** | Do you lose your balance because of dizziness or do you ever lose consciousness? | Select |
| **5** | Do you have a bone or joint problem (for example, back knee or hip) that could be made worse by a change in your physical activity? | Select |
| **6** | Is your doctor currently prescribing drugs (for example, water pills) for blood pressure of heart condition? | Select |
| **7** | Do you know of any other reason why you should not do physical activity? | Select |

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**YES** to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming more physically active.

* You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you wish to participate in and follow his/her advice.

**Please provide the following**

**Height :**

**Weight :**

**Current activity level:**

**What is your main goal/reason for joining us?**

**Doctors name, address and contact details:**

**Emergency Contact:**

**Do you have any known allergies?**

# Covid 19 specific questions

Have you or anyone you have been in contact with tested positive or had symptoms of covid 19 within the last 14 days? YES/NO

Do you consent to inform your trainer if you or any member of your household has developed any symptoms (this could include but would not be limited to, a persistent cough, or temperature above 37.8°C, for example) which could be an indication of contracting COVID-19 prior to your session starting? YES/ NO

Should you feel ill and suspect Covid 19 you MUST alert us so we can notify people who may have had contact with you.

Are you or anyone in your household classes as a vulnerable person? YES/NO

# GDPR

**Please conﬁrm that you are happy to receive communications from our company regarding services YES / NO**

**Assumption of Risk**

In consideration of being allowed to participate in the activities and programmes of B-Fit Bootcamp and to use the facilities and equipment owed and/or under the control of B-Fit, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge B-Fit from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment or facilities in the above mentioned activities.

I understand and I am aware that strength, flexibility and aerobic exercise, including the use of equipment, in the outdoors, are potentially hazardous activities. I also understand that exercise and fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and facilities with the knowledge of the dangers involved. I hereby agree to expressly assume and accept all and any risks of injury or death.

I am aware that I have the right to request advice from any of the B-Fit instructors, at any time, in relation to the activities and exercise being undertaken and , but not exclusively, their suitability for me, with particular regard to my health and clothing. If I choose not to take advice, or to disregard any advice so given, I do so voluntarily and accept liability for all resulting injuries or damage.

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness (other than those declared on the attached medical questionnaire) that would prevent my participation or use of equipment or facilities except as herein stated.

I acknowledge that I have either had a physical examination and have been given my doctors permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my doctor and do hereby assume all responsibility for my participation and activities, and use of equipment and machinery in my activities. In addition B-Fit cannot accept responsibility for valuables left in instructor’s vehicles.

I CAN CONFIRM THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT SHOULD THIS INFORMATION CHANGE I WILL INFORM MY INSTRUCTOR AS SOON AS POSSIBLE.

I ACKNOWLEDGE THAT A CHANGE TO THE DETAILS LISTED IN THIS QUESTIONNAIRE MAY INHIBIT SESSIONS WITH MY TRAINER FROM CONTINUING UNTIL MEDICAL CLEARANCE CAN BE PROVIDED BY A MEDICAL PROFESSIONAL.

Client Name:

Client Signed:

Trainer Name:

Trainer Signed:

Date:

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