



PAR-Q FORM

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Physical Activity Readiness Questionnaire

SUBMIT

First Name _____ Last Name _____

Address _____ Apt/Unit _____

City _____ State _____ Zip Code _____

Email _____

Birthdate (mm/dd/yyyy) _____ Gender Male Female

Yes No #1 Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes No #5 Do you have a bone or joint problem that could be made worse by a change in physical activity?

Yes No #2 Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes No #6 Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or a heart condition?

Yes No #3 Do you feel pain in your chest when you do physical activity?

Yes No #7 Are you aware, through your experience or a doctor's advise, of any other physical reason against you exercising without medical supervision?

Yes No #4 Are you over the age of 65 and not accustomed to vigorous exercise?

If you answered YES to one or more questions above, please answer the following questions.

Yes No #8 Have you consulted your physician regarding increasing your physical activity and/or performing a fitness assessment?

Yes No #9 If you answered NO to the previous question, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment?

FITNESS EVALUATION

1. What are your primary fitness goals?

2. Have you worked with a personal trainer?
 Yes No

3. Have you ever participated in any type of resistance training program?
 Yes No

How many days per week? _____

4. Do you know how many calories you eat per day?
 Yes No

Do you feel this is important?
 Yes No

5. Are you currently doing any aerobic activity?
 Yes No

If yes, what type? _____

For how long? _____

At what intensity? _____

How many days per week? _____

Waiver Release and Assumption of Risk Form

I, _____, have volunteered to participate in a fitness program provided to me by JFIT, dba JFit Fitness Training (“Trainer”), which may include, but may not be limited to, resistance training and aerobic or cardiovascular exercise. In consideration of Trainer’s agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless Trainer and her respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death. I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I have chosen not to obtain a physician’s consent prior to beginning this fitness program with Trainer, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate. I do hereby further declare myself to be over the age of eighteen as of the date of signing this document.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST TRAINER FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

Participant’s signature (click or hold-press to sign)

Date

Please print name

Parent or Legal Guardian’s signature (if participant is under age eighteen)
(click or hold-press to sign)

Date

Please print name

SUBMIT