



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

Please complete all sections in BLOCK CAPITALS and CIRCLE where appropriate

Mr Mrs Miss Ms Other (please specify)

First Name: Last name:

Address: Post Code:

Mobile No: Home Tel No:

Email address:

Date of Birth: Age:

Company (if applicable): Occupation:

#### Next of Kin information

First Name: Last Name:

Relationship to you:

Telephone No:

- 1. Has a doctor ever said that you have a heart condition and that you should only do physical activity which they have recommended to you? Y N
- 2. Do you feel pain in your chest when you do physical activity? Y N
- 3. In the past 4 weeks have you had chest pain when not doing physical activity? Y N
- 4. Do you loose balance because of dizziness or do you you ever lose consciousness? Y N
- 5. Do you have a bone or joint(s) problem that could be made worse from taking part in physical activity? Y N
- 6. Have you ever been told by your doctor that you have high blood pressure? Y N
- 7. Is your doctor currently prescribing drugs for your high blood pressure or heart condition? Y N
- 8. Do you have diabetes mellitus Type 1 or 2? Y N
- 9. Do you suffer from epilepsy? Y N
- 10. Do you suffer from an allergy? If yes which medication do vou take? Y N
- 11. Do you suffer from asthma or shortness of breath at rest or when doing mild activity? Y N
- 12. Do you suffer from unusual fatigue during normal day to day activities? Y N
- 13. Do you regularly get a sharp pain in your lower leg/s when walking uphill or up stairs that disappears within a few mins of stopping? Y N
- 14. Are you or is there any possibility that you are pregnant? Y N
- 15. Are you currently taking any medications? If yes please specify: Y N
- 16. Do you suffer with problems of the lower back, i.e. chronic pain, or numbness? If ves please state: Y N
- 17. Do you know of any other reason why you should not do physical activity? Y N

If you have answered YES to any of the above questions please speak to your doctor before taking part in any FLIPFIT Outdoor Fitness.

What is your current fitness level: Very fit Fit Average Unfit

#### Declaration

In consideration of being allowed to participate in FLIPFIT provision of activities and programmes I acknowledge that:

- 1. I am aware and understand the potential dangers and risks associated with taking part in physical activity, and the risks of using equipment and I voluntarily participate knowing these risks and dangers.
- 2. I understand that physical fitness activity & exercise outdoors involves risk of injury or even death, and that I am voluntarily participating in these activities and using equipment and facilities with knowledge of the dangers involved. I hereby agree and expressly assume all and any risks of injury or death.
- 3. I know of no reason why I should not participate in any of the programmes and activities provided by FLIPFIT. I hereby declare myself free of any condition, disease, infirmity or illness that may affect my participation. I agree to inform a member of the FLIPFIT staff and where appropriate provide written consent from my doctor should such a condition or complaint arise before continuing with any activity.
- 4. I agree to abide by all verbal notices regarding safety whilst attending any FLIPFIT activities, programmes, classes or sessions. I am aware I have the opportunity to ask questions about the activities, general use of the equipment and other related issues pertinent to the class/session. If I choose not to take the advice or to disregard any advice given, I do so voluntarily and accept liability for all resulting injuries or damage.
- 5. I do hereby waive, release and discharge FLIPFIT 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.
- 6. This questionnaire has been completed accurately, honestly and to the best of my knowledge and belief.

I have completed this questionnaire, having read and understood its contents, and I agree to abide by its Terms & Conditions.

Signed: Date:

Print name: