

PAR-Q FORM

Please mark YES or No to the following: YES NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?

Do you frequently have pains in your chest when you perform physical activity?

Have you had chest pain when you were not doing physical activity?

Do you lose your balance due to dizziness or do you ever lose consciousness?

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?

Are you pregnant now or have given birth within the last 6 months?

Have you had a recent surgery?

If you have marked YES to any of the above, please elaborate below:

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes / No

What is the medication for?

How does this medication affect your ability to exercise or achieve your fitness goals?

If you answered YES to one or more questions:

* Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness assessment or program. Tell your doctor about the PAR-Q and which questions you answered YES.

* 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 that are safe for you. Talk with your doctor about kinds of activities you wish to participate in and follow his/her advice.

* Find out which community programs are safe and helpful for you. If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

* Start becoming much more physically active-begin slowly and build up gradually. This is the safest and easiest way to go.

* Take part in a fitness assessment-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

Natasha's Fitness Group Fitness Registration / Waiver Form

Date ___/___/_____
First Name _____ Middle _____
Last Name _____
Street Address _____
City _____ Province _____ Postal
Code _____ Date of Birth ___/___/___ Phone(____)____-_____
E-mail _____

Liability Waiver Please Read and Sign Below

Exerciser hereby stipulates that he/she is physically sound and that he/she has approval to proceed with a routine of exercise.

LIMITATIONS OF EXERCISE, IF ANY: It is further expressly agreed that all strength training, cardiovascular exercise, or any other exercise shall be undertaken by me at my sole risk and that Natasha Frost shall not be liable to me for claims, demands, injuries, damages, actions or causes of action, whatsoever, to my person or property arising out of or connected with the use by me of the services provided and of the premises where the same is located. I do hereby expressly forever release and discharge Natasha Frost from all such claims, demands, injuries, damages, actions or causes of action, from all acts of active or passive negligence on the part of Natasha Frost. I further expressly agree that I will not use equipment improperly. If I have any questions whatsoever, concerning exercise and use of equipment, I agree that I will request instruction from Natasha Frost
DO NOT SIGN THIS AGREEMENT UNLESS YOU UNDERSTAND THE TERMS COMPLETELY. IF YOU DO NOT UNDERSTAND, YOU SHOULD SEEK LEGAL COUNSEL.

X _____ X _____
Participant Signature Natasha Frost Personal Trainer

X _____
Parent or Guardian Signature
(If under 18 years old parent or guardian is required)