



# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Regular physical activity is fun and healthy, and more people are starting to become more active every day. Being more active is very safe for most people. However, some should check with their doctor before beginning physical activity.

If you are planning to become much more physically active than you are now, start by answering the 10 questions in the box below. If you are between the ages of 15 and 69, the **PAR-Q** will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

Yes No

1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?

2. Have you ever felt pain in your chest when you do physical exercise?

3. Do you often feel faint, have spells of severe dizziness or have lost consciousness?

4. Have you ever suffered from unusual shortness of breath at rest or with mild exertion?

5. Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise or that may be made worse by exercise?

6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?

If yes, please state:

7. Are you or have you been pregnant in the past 6 months?

8. Are you currently on any prescribed medicines that may affect your ability to exercise?

9. Do you suffer from any problems of the lower back, i.e. chronic pain or numbness?

If yes, please state:

10. Do you currently have a disability or a communicable disease?

If yes, please state:

If you answered YES to one or more questions: You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

If you answered NO to all questions: It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level. A fitness appraisal can help determine your ability levels.

PRINT NAME

SIGNATURE

SIGNATURE (Parent/Gaurdian)

WITNESS

D.O.B

DATE

\* This PAR Q becomes invalid should your condition change.



# INFORMED CONSENT FORM

## General Statement of Program Objectives and Procedures:

Personal Training: I understand that my physical fitness program is individually tailored to meet the goals and objectives agreed upon by my personal trainer and I.

I understand that this personal training program may include exercises to build the cardio respiratory system (heart and lungs), the musculoskeletal system, (which involves muscular endurance, strength and overall flexibility), and to improve body composition (increasing muscle and bone and decreasing body fat). Exercise includes aerobic activities, such as walking, running, bicycle riding, rowing, group aerobics, swimming and other aerobic activities, weight lifting using dumbbells, machines and other equipment to improve muscular strength and endurance, as well as flexibility exercises to improve joint range of motion.

## Description of Potential Risks:

I understand that no exercise program is without inherent risks regardless of the care taken by a personal trainer and that my personal safety cannot be guaranteed by my personal trainer. I realise that when participating in any exercises, particularly those that induce cardiovascular stress, there is a slight chance of serious injury (e.g. heart attack, stroke, or other cardiovascular accidents) or catastrophic incident (e.g. death, paralysis). Likewise, I know that engaging in muscular endurance, strength building, and other fitness activities sometimes results in minor injuries (e.g. bruises, musculoskeletal strains and sprains), less frequent, more serious injuries (e.g. muscle tears, herniated disks, torn rotator cuffs), and rarely, catastrophic injury (e.g. death, paralysis).

## Description of Potential Benefits:

I understand that a regular exercise program has been shown to have definite benefits to general health and well-being. I know that some of the benefits can include loss of weight, reduction of body fat, improvement of blood lipids, lowering of blood pressure, improvement of cardiovascular function, reduction in the risk of heart disease, improved strength and muscular endurance, improved posture, and flexibility.

## Participant Responsibilities:

I understand that it is my responsibility to fully disclose any health issues or medications that are relevant to participation in a strenuous exercise program. Inform the coach and cease exercise and report promptly any unusual feelings (e.g. chest discomfort, nausea, difficulty breathing, apparent injury).

I have read and understand the above agreement; I have been able to ask questions regarding any concerns I might have; I have had those questions answered to my satisfaction; and I am freely signing this agreement.

FULL NAME

FULL ADDRESS

DATE OF BIRTH

EMERGENCY CONTACT

TELEPHONE

SIGNATURE

DATE



# INFORMED CONSENT FORM

## General Statement of Program Objectives and Procedures:

Group Training Classes: I understand that the physical fitness program is designed to accommodate multiple individuals with varying goals and fitness levels.

I understand that this group training program may include exercises to build the cardio respiratory system (heart and lungs), the musculoskeletal system, (which involves muscular endurance, strength and overall flexibility), and to improve body composition (increasing muscle and bone and decreasing body fat). Exercise includes aerobic activities, such as walking, running, bicycle riding, rowing, group aerobics, swimming and other aerobic activities, weight lifting using dumbbells, machines and other equipment to improve muscular strength and endurance, as well as flexibility exercises to improve joint range of motion.

## Description of Potential Risks:

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FULL NAME

FULL ADDRESS

DATE OF BIRTH

EMERGENCY CONTACT

TELEPHONE

SIGNATURE

DATE



# PERSONAL TRAINING CONTRACT / AGREEMENT

## 1) OUR COMMITMENT TO YOU

### a. Confidentiality.

Any information disclosed to us, or any of our employees or representatives will be kept in confidence. Any personal details and medical information will not be made available to third parties unless permission to do so is first sought and then granted by you.

### b. Recommendations.

Through the use of our professional judgement and experience, we will be suggesting certain lifestyle changes incorporating exercise that we strongly believe will align with and help you achieve your personal goals. If at any stage through our supervision you have specific requests we again will use our professional judgement in looking to accommodate them.

### c. Referral.

We intend to work with you within the scope of our professional knowledge and competencies as a certified and suitably insured exercise professional. If throughout your time under our supervision we see it in your best interests to be referred to another health professional we will do so appropriately.

### d. In the event of cancellation or lateness.

**There may be unforeseen circumstances that might arise which require your sessions to be rescheduled or cancelled. In this event the following policies apply:**

- If we are forced to cancel your session within 24 hours, you will receive another session at no additional charge.
- If we are forced to cancel your session giving you more than 24 hours' notice we will look to reschedule as soon as possible.
- If we are running late in starting your session, we will extend the session time accordingly or make it up on an alternative date, whichever is most convenient to you.

## 2) YOUR RESPONSIBILITY TO US

### a. Disclosure of information.

You must disclose all health information as requested at our initial consultation to ensure we are fully informed of anything that may impact or alter how we work with you. You must keep us updated on any changes that may occur to your overall health. This includes all medical conditions; physical and mental, injuries, allergies, and medication that you may be prescribed. If necessary and if requested, you may need to seek clearance from your doctor before participating in the exercise programme we have suggested.

### b. Your acceptance of potential risks.

For most, exercise is hugely beneficial; there however remains some element of risk that we require you to be aware of, acknowledge and for you to sign the informed consent and disclaimer that we have provided you with.

### c. If you (the client) cancel or run late.

- If you cancel your session with less than 24 hours' notice, or fail to attend you will be deducted or billed for the full session fee.
- If you cancel your session with notice between 24 and 48 hours, then you will be deducted or billed 50% of the session fee.
- If you (the client) are late to a session, we will do our best to utilise the remaining time however we are unable to run over time due to potential scheduling conflicts.

NAME

SIGNATURE

DATE

PERSONAL TRAINER

SIGNATURE

DATE