

HEALTH AND SOUL FITNESS - WAIVER/RELEASE OF LIABILITY AND INFORMED CONSENT

(PLEASE PRINT LEGIBLY)

Participant's Full Name _____

DOB (dd/mm/yy) _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ Email _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

The Physical Activity Readiness Questionnaire – PAR-Q;

A Questionnaire for People Aged 15 to 69

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. If you are planning to become much more physically active than you are now, start by answering the seven questions below. It is recommended that you check with your doctor if you are not used to being very active and beginning strenuous exercise. If you are over 69 years of age it is highly recommended that you check with your doctor before beginning strenuous exercise.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly by checking YES or 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 _____

2. Do you feel pain in your chest when you do physical activity? Yes _____ No _____

3. In the past month, have you had chest pain when you were not doing physical activity?

Yes _____ No _____

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes _____ No _____

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes _____ No _____

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

7. Do you know of any other reason why you should not do physical activity?

Yes _____ No _____

If you answered yes to #7, please explain below:

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

Find out which 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 appraisal. 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.

Delay becoming more active:

*If you are not feeling well because of a temporary illness such as cold or a fever – wait until you feel better; or

*If you are or may be pregnant – talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan. Informed Use of the PAR-Q: Pam Moorhead, MS, ACE Personal Trainer, and her employees and/or agents from Health and Soul Fitness, assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire consult your doctor prior to physical activity. By signing this form, I acknowledge that I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

HEALTH AND SOUL FITNESS - WAIVER/RELEASE OF LIABILITY AND INFORMED CONSENT

This release is entered into between the undersigned and Pam Moorhead, Fitness Trainer and coach with Health and Soul Fitness. The purpose of Boot Camp and classes is to provide fitness instruction and coaching for various levels of athletes/individuals.

The undersigned hereby acknowledge that the following was explained to me and/or agree to the following:

1. Acknowledges that Pam Moorhead, and her employees and/or agents are not physicians and are not trained in any way to provide medical diagnosis, medical treatment, or any other type of medical advice.
2. Acknowledges that coaching/training is another tool for teaching athletes/individuals about themselves, but that Health and Soul Fitness, does not assume either good nor bad will occurs, nor guarantees the training advice given by Health and Soul Fitness will produce good nor bad results.
3. Acknowledges that the undersigned has been told if they feel tired, feel pain or feel out of the ordinary in any way either related to your training, or otherwise, that the undersigned should contact a physician at once.
4. Acknowledges that boot camps, aerobic classes, yoga, kick boxing, running, weight training, obstacle courses, and any other related sports are an extreme test of one's mental and physical limits and carry with it potential for damage or loss of property, serious injury and death.

That the undersigned assumes the risks of participating in these types of events/activities including the inherent dangers of the natural elements, that they are fit, and they have a regular medical physician they can contact regarding any medical problems that they might develop. The undersigned expressly waive, release, discharge and agree not to sue from any liability of death, disability, personal injury, or action of any kind and Health and Soul Fitness for the undersigned participating in said sporting events and/or training for said sporting events.

The Undersigned agrees that this is the full agreement between the parties, that Health and Soul Fitness, nor anyone else has not verbally contradicted any of the terms of this release and that the undersigned has entered into this agreement free and voluntarily without force or coercion.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN VOLITION AND FREE WILL.

Participant's Signature _____ Date _____

Participant's Full Name (Print) _____

(Are you 18 years old or older? (Y / N (circle one)) (If under 18 years old, Parent or Guardian must also sign)