

PAR – Q Physical Activity Readiness Questionnaire

First Name _____ **Surname** _____

Address _____

Email _____

Phone number _____ **D/O/B** _____

Emergency contact name _____

Relationship to you _____ **Phone number** _____

How did you hear about HOT YOGA @ Labfitness? _____

If you answer YES to any of the following questions we will ask you further questions and may request that you consult your doctor before you take a class

- | | | |
|---|------------|-----------|
| • Have you ever been diagnosed with a heart condition? | YES | NO |
| • Do you feel pain in your chest when you do physical activity? | YES | NO |
| • In the last month have you had a chest pain when you were not doing physical activity? | YES | NO |
| • Do you lose balance because of dizziness or do you ever lose consciousness? | YES | NO |
| • Do you have a bone or joint problem that could be made worse by physical activity? | YES | NO |
| • Is your doctor currently prescribing medication for your blood pressure or heart condition? | YES | NO |
| • Are you pregnant or have you given birth in the last 3 months? | YES | NO |
| • Have you had or do you presently have any of the followings: | | |

Diabetes

Recent surgery

Heart murmur

Seizures

Heart attack

Osteoporosis

Lung disease

Arthritis

High/low blood pressure

Details _____

Declaration

I have read and fully understand this form and I confirm that to the best of my knowledge, the answers given by me are correct and accurate. I know of no reason why I should not participate in any form of physical exercise or any activity suggested to me by a representative of Labfitness. I confirm that I am voluntarily engaging in an acceptable level of exercise and my participation involves a risk of injury. By signing this form, I understand that it is my responsibility to consult with a physician prior to and regarding my participation in fitness classes. I agree to assume full responsibility for any risk, injuries or damages, known or unknown, which I might incur as a result of my participation in classes at LABFITNESS. I will be responsible for all personal items and will not hold LABFITNESS or any of its employees responsible for effects in event of loss or theft.

Participant signature: _____ Instructor signature: _____

Date: _____