



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR Q)

Regular physical activity has many health benefits, however, participants of this group exercise class may wish to check with their doctor prior to beginning any workout. When planning to undertake physical activity, you should start by answering the questions below. If you are in any doubt, consult with your G.P. before commencing exercise. Please read the questions carefully and answer them honestly by circling YES or NO.

1. Is your General Health good? YES / NO
2. 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
3. Do you feel pain in your chest when you do physical activity? YES / NO
4. In the past month, have you had chest pain when you were not doing physical activity? YES / NO
5. Do you lose balance because of dizziness or do you ever lose consciousness? YES / NO
6. Do you have a bone or joint problem that could be made worse by a change in your physical activity level? YES / NO
7. Do you have any back problems, joint or muscle disorders still affecting you? YES / NO
8. Is your doctor currently prescribing any medication for your blood pressure or a heart condition? YES / NO
9. Is there any family history of heart disease, stroke, raised cholesterol or high blood pressure? YES / NO
10. Do you suffer from diabetes/epilepsy/asthma? YES / NO
11. Are you pregnant, or have you given birth in the last six weeks? *YES / NO
12. Do you have, or have you had any illnesses recently? YES / NO
13. Have you recently had surgery? YES / NO
14. Are you **currently** suffering from an injury? *YES / NO
15. Do you know of **any other reason** why you should not do physical activity? *YES / NO
16. What are your aims for exercising? _____

* If answering YES please give details to instructor prior group workout session:

Informed Consent & Assumption of Risk

(Must be signed prior to beginning group workout session)

PARTICIPANT DECLARATION

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any Powerwave Group Class may cause injury, am voluntarily choosing to participate in the exercise session. There are always certain risks associated with any physical activity. I understand these risks and declare myself physically sound and capable to participate in the class offered by Danni Cooper. I know of no reason why I should not participate in this exercise workout. I understand that I should not exercise if I feel unwell and that if my health changes I should inform the instructor. This Exercise Readiness & Health Screening Questionnaire has been filled out honestly and to the best of my ability.

Signed: _____

Print Name: _____

Date: _____

Emergency Contact Name & Number: _____