

Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check **YES** or **NO** opposite the question if it applies to you. If yes, please explain.

YES **NO**

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Has your doctor ever said you have heart trouble?
Yes, _____ |
| _____ | _____ | 2. Do you frequently have pains in your heart and chest?
Yes, _____ |
| _____ | _____ | 3. Do you often feel faint or have spells of severe dizziness?
Yes, _____ |
| _____ | _____ | 4. Has a doctor ever said your blood pressure was too high?
Yes, _____ |
| _____ | _____ | 5. Has your doctor ever told you that you have a bone or joint problem(s),
such as arthritis that has been aggravated by exercise, or might be made
worse with exercise?
Yes, _____ |
| _____ | _____ | 6. Is there a good physical reason, not mentioned here, why you should not
follow an activity program even if you wanted to?
Yes, _____ |
| _____ | _____ | 7. Are you over age 60 and not accustomed to vigorous exercise?
Yes, _____ |
| _____ | _____ | 8. Do you suffer from any problems of the lower back, i.e., chronic pain, or
numbness?
Yes, _____ |
| _____ | _____ | 9. Are you currently taking any medications? If YES, please specify.
Yes, _____ |
| _____ | _____ | 10. Do you currently have a disability or a communicable disease? If YES,
Please specify,
Yes, _____ |

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities.

Print Name

Signature

Date

WAIVER OF LIABILITY, RELEASE AND AGREEMENT

Liability Waiver:

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with **Sacramento Strength and Conditioning Complex, DBA: American River CrossFit**.

It is understood that this activity involves an element of risk and danger of accidents and knowing those risks the undersigned hereby assumes those risks. It is further agreed that this waiver, release and assumption of risk, is to be binding on the athlete and any heirs and assigns, including the undersigned parent or legal guardian of a participating minor. The undersigned confirms that the athlete is physically able to participate in training and agrees to indemnify and hold Sacramento Strength and Conditioning Complex and **American River CrossFit**, its officers, employees, and agents free and harmless from any loss, liability, damage, cost or expense which may be incurred as a result of athlete's death, or any injury or property damage that athlete may sustain while participating in said activity.

Having such knowledge, I hereby release **American River CrossFit**, their representatives, agents, and successors from liability for accidental injury or illness, which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments, which may affect my ability to participate in said fitness program.

I also agree to allow Sacramento Strength and Conditioning Complex to use any photographs taken of me on the website or facebook page.

Personal Information:

Name: _____ Date of Birth: ____/____/____

Address: _____ Phone: _____

City/State/Zip: _____

Emergency Contact Person: _____

Emergency phone: _____ Relationship to emergency contact: _____

Email: _____ (required for Billing Only)

Signature: _____ Date: ____/____/____