



## ~ Physical Activity Readiness Questionnaire ~

For most people physical activity should not pose any problem 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 them carefully and check the **yes or no** opposite the question if it applies to you.

YES NO

1.   Has your doctor ever said you have heart trouble?
2.   Do you frequently have pains in your heart and chest?
3.   Do you often feel faint or have spells of severe dizziness?
4.   Has a doctor ever said your blood pressure was too high?
5.   Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
6.   Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
7.   Are you over age 65 and not accustomed to vigorous exercise?

### **If you answered YES to one or more questions...**

If you have not recently done so, consult with your personal physician by telephone or in person before increasing your physical activity and/or taking a fitness test.

### **If you answered NO to all questions...**

If you answered PAR-Q accurately, you have reasonable assurance of your present suitability for an exercise test.

**NAME PRINTED:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



## Agreement and Release of Liability

1. In consideration of gaining membership or being allowed to participate in the activates and program of **Revival Room Yoga & Fitness, LLC**, and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge **Revival Room Yoga & Fitness, LLC**, and its officers, agents, employees, representatives, executors, and all other form any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities at **Revival Room Yoga & Fitness, LLC**, or the use of any equipment at **Revival Room Yoga & Fitness, LLC**.

(please initial \_\_\_\_\_)

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2. I understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(please initial \_\_\_\_\_)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of these activities and program of **Revival Room Yoga & Fitness, LLC**, or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate, or that I have decided to participate inactivity and or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

(please initial \_\_\_\_\_)

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print \_\_\_\_\_



## Health Questionnaire / Contact Information

Please print clearly:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work number \_\_\_\_\_

Email \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Resting Heart Rate \_\_\_\_\_

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise at **Revival Room Yoga & Fitness, LLC.**, please read the following questions carefully and answer each on honestly. All information will be kept confidential. Please check **yes or no.**

Yes No

1.   Do you have a heart condition?
2.   Have you ever experienced a stroke?
3.   Do you have epilepsy?
4.   Are you pregnant?
5.   Do you have diabetes?
6.   Do you have emphysema?
7.   Do you feel pain in your chest when you engage in physical activity?
8.   Do you have chronic bronchitis?



9.   In the past month, have you had chest pain when you were not doing physical activity?
10.   Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness?
11.   Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity?
12.   Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before age 55?
13.   Has a physician ever told you or are you aware that you have a high cholesterol level?
14.   Do you currently smoke? What amount per Week \_\_\_\_\_ Day \_\_\_\_\_
15.   Are you a male over 44 years of age?
16.   Are you a female over 54 years of age?
17.   Do you have asthma?
18.   Do you have exercise induced asthma?
19.   Are you currently exercising Less than 1 hour per week? If you answered no, please list you current activities.

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20.   Do you have any allergies? Please list:

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21.   Do you have any prior surgeries? Please list details, including dates.

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22.   Are you currently taking any medications? Please list:

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23.   Are you currently taking any dietary supplements? Please list:

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24. What are your specific fitness goals? (Indicate all the apply)

1. Increase strength and endurance                      6. Improve flexibility



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|-----------------------------------|--------------------------------|
| 2. Improve cardiovascular fitness | 7. Improve muscle tone         |
| 3. Reduce body fat                | 8. Increase muscle mass        |
| 4. Exercise regularly             | 9. Injury Rehabilitation       |
| 5. Sport conditioning             | 10. Other (please be specific) |
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25. What are your specific health goals? (Indicate all the apply)

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|--------------------------------|--------------------------------|
| 6. Reduce stress               | 6. Control cholesterol         |
| 7. Control blood pressure      | 7. Train for a specific event  |
| 8. Stop smoking                | 8. Reduce back pain            |
| 9. Improve productivity        | 9. Create more energy          |
| 10. Feel better overall        | 10. Other (please be specific) |
| 11. Improve nutritional habits |                                |
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26. What motivated you to work with **Revival Room Yoga & Fitness, LLC,**?

- 12. Convenience/location
  - 13. Friendly Support
  - 14. Medical reasons
  - 15. Other (Please be specific)
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27. How did you hear about **Revival Room Yoga & Fitness, LLC,**?

- |                                |                  |
|--------------------------------|------------------|
| 16. Web                        | 6. Word of Mouth |
| 17. E-mail                     |                  |
| 18. Friend                     |                  |
| 19. Flyer                      |                  |
| 20. Other (Please be specific) |                  |
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**Detailed Family Health Information: Only answer if you checked yes to question # 13.**

28. Please list any immediate family members (i.e. father, mother, brother, and/or sister(s)) major health problems or complications (example: diabetes, heart disease, heart attack, cancer, etc.)

29. Relationship to you: \_\_\_\_\_

30. Health issue or complication and age when it happened: \_\_\_\_\_

Current age/Deceased: \_\_\_\_\_

31. Relationship to you: \_\_\_\_\_

32. Health issue or complication and age when it happened: \_\_\_\_\_

Current age/Deceased: \_\_\_\_\_

33. Relationship to you: \_\_\_\_\_

34. Health issue or complication and age when it happened: \_\_\_\_\_

Current age/Deceased: \_\_\_\_\_

I have read, understood and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

**NAME PRINTED:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**STAFF USE ONLY:**

Cleared to exercise \_\_\_\_\_ Not cleared to exercise \_\_\_\_\_

Reason \_\_\_\_\_

Resting Heart Rate \_\_\_\_\_

EP \_\_\_\_\_

Resting Blood Pressure \_\_\_\_\_

Other \_\_\_\_\_



## Informed Consent Agreement

**25. Thank you for choosing to use the facilities, services, or programs of Revival Room Yoga & Fitness, LLC,. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.**

**I, \_\_\_\_\_, declare that I intend to use some or all of the activities, facilities, programs, and service offered by Revival Room Yoga & Fitness, LLC, and I understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs, and services.**

**26. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program at Revival Room Yoga & Fitness, LLC, and brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care and skill that I possess and use.**

**27. I accept the fact that the skills and competencies of some employees and / or volunteers will vary according to their training and experience and that no claim is made to offer assessment to treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.**

I recognize that by participating in the activities, facilities, programs, and services offered by Revival Room Yoga & Fitness, LLC, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response,

I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by Revival Room Yoga & Fitness, LLC, at any time before, during or after my participation.

**I understand the Revival Room Yoga & Fitness, LLC, has a 24 hour cancellation notice policy. I understand and agree that if I do not provide at least 24 hours cancellation notice for a session, then I will be charged in full for the session. I understand that payment in full is required prior to each session. I understand all the polices the studio has mentioned and listed on the website.**

**I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.**

**NAME:** \_\_\_\_\_

**PRINTED:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_