



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE PAR-Q

Please complete the attached PAR-Q and consult your physician prior to starting an exercise or fitness program if you answered YES to any of the questions.

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 them carefully and check yes or no opposite the question if it applies to you.

1. Has your doctor ever said you have heart trouble? Yes ___ No ___
2. Do you frequently have pains in your heart and chest? Yes ___ No ___
3. Do you often feel faint or have spells of severe dizziness? Yes ___ No ___
4. Has a doctor ever said your blood pressure was too high? Yes ___ No ___
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? Yes ___ No ___
6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? Yes ___ No ___
7. Are you over the age 65 and not accustomed to vigorous exercise? Yes ___ No ___

If you answered YES to one or more questions...if you have not recently done so, please consult with your personal physician by telephone or in person before increasing your physical activity.

If you answered NO to all questions...if you answered PAR-Q accurately, you have reasonable assurance of your present suitability to participate in a Yoga and/or Pilates/Barre class. If you are new to exercise, please start off slowly in the beginning. If at any time your health changes please let your instructor and medical physician know.

I have read this questionnaire and fully understand its contents and meaning, and sign it of my own free will.

Participants Signature: _____

Date: _____

If the participant is under the age of 18 years

(Legal guardian signature): _____



CONTACT INFORMATION

Last Name: _____ First Name & Initial: _____

Address: _____ City: _____ Province: _____

Postal Code: _____

Home Phone: _____ Cell Phone: _____

Birth Date: ____/____/____ (mm/dd/yy)

Email address: _____

How did you hear about us? _____

MEDICAL INFORMATION

Do you have any injuries, ailments or medications the instructor should know about?

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, (print name) _____, AGREE TO THE FOLLOWING:

- That the instruction offered by True Path Yoga Stouffville is limited to that of instruction in basic yoga, Pilates/Barre and health.
- That even with clear instruction, there is a possibility of injury. It is my responsibility to consult a physician regarding my ability to participate in a yoga and/or Pilates/Barre class at True Path Yoga.
- I attest that I have no psychological, medical or emotional condition that would prevent me from safe participation in a yoga and/or Pilates/Barre class.
- I release and discharge True Path Yoga, its directors, and the True Path Yoga instructors from any and all liability, claim, demand or action that I may have resulting from injury, death or damages arising from my participation in the yoga and/or Pilates/Barre class or at the yoga studio, including loss that may be caused by the negligence of the released party.
- I release and discharge True Path Yoga, its directors and its instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property from the True Path Yoga premises.
- I recognize that this agreement of release and waiver of liability is a legal contract and that, by reading it carefully, I have complete knowledge of its contents. I have read this agreement and fully understand its contents and meaning, and sign it of my own free will.

Participant Signature: _____

If the participant is under the age of 18 years

(Legal guardian signature): _____ Date: _____