



# PAR – Q & YOU

(A Questionnaire for People 15 to 69)

Regular activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO for each.

| YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs ( for example, water pills) for your blood pressure or heart condition?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any reason you should not do physical activity?  |

## If you answered:

**NO** to all questions:  
 If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- ❖ Start becoming much more physically active- begin slowly and build up gradually. This is the safest and easiest way to go.
- ❖ Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

**YES** to one or more questions:  
 Talk to your doctor by phone or in person **BEFORE** you start becoming much more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.  
 \*\* You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

**DELAY BECOMING MUCH MORE ACTIVE:**

- ✓ If you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better; or if you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR – Q: BioFit - Therapy Based Fitness and their agents assume no liability for persons who undertake physical activity and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

Note: If the PAR – Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section must be used for legal or administrative purposes.

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

Name \_\_\_\_\_  Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (If Under 18) \_\_\_\_\_ Witness \_\_\_\_\_



## CONSENT AND ASSUMPTION OF RISK FOR **Personal Trainers** EVALUATION &/OR PHYSICAL FITNESS PROGRAMS

I, \_\_\_\_\_, DESIRE TO USE THE SERVICES OF A PERSONAL TRAINING PROFESSIONAL, provided by BioFit - Therapy Based Fitness. I understand that working with a personal fitness professional will involve a physical fitness program which may include testing procedures (such as body fat %, circumference, cardiorespiratory, strength, flexibility, and other such testing procedures), aerobic activities (such as treadmill walking/running, bicycle riding, rowing machine exercise, group aerobic activity, swimming, and other such activities), calisthenics and weight lifting to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion.

I understand that the reaction of the heart, lungs, and blood vessel system to such exercise cannot always be predicted with accuracy. I know that during or following exercise there is a risk that I may experience abnormal blood pressure or heart rate, ineffective functioning of the heart, and in rare instances, heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics, can lead to musculoskeletal strains, pain and injury.

I also understand that a program of a regular exercise for the heart and lungs, muscles and joints, has many associated benefits. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in psychological function and a decrease in risk of heart disease. The amount and degree of benefits experienced will be relative to the adherence of an exercise program based on prescribed amounts of intensity, duration, frequency, progression and types of activity.

I have read the above information and I understand the potential risks and benefits of working with a personal fitness professional and I voluntarily agree to assume such risks. In consideration of BioFit - Therapy Based Fitness providing me with a personal fitness professional, I, for myself, my heirs and assigns, hereby release and hold harmless BioFit - Therapy Based Fitness, and the personal fitness professionals from any claims, demands and causes of action of any kind. Further, I hereby release BioFit - Therapy Based Fitness and the personal fitness professionals from any liability now or in the future relating to any illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.

XX

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Photographs and Video Consent, Waiver, Indemnity and Release

## Photographs, Video and Recordings

I hereby grant permission to BioFit - Therapy Based Fitness and its representatives to take photographs or videos of me and to make recordings of my voice at the event or location noted below.

**First and Last Name (Printed):** \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Production / Location: BioFit - Therapy Based Fitness, 9201 W 133rd St, Overland Park, KS 66213**

I further grant to the producers and their representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later Developed. I acknowledge the BioFit - Therapy Based Fitness owns all rights to the images and recordings.

## Waiver, Indemnity and Release

I hereby waive any right to inspect or approve the use of the images and recordings or of any written copy. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials. I hereby release, defend, indemnify and hold harmless the producers from and against any claims, damages, or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution. I am 18 years of age or older and I am competent to contract in my own name. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.



\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date