

PARQ - Physical Activity Readiness Questionnaire

Functional Fitness Limited – 07624 260022 / funfit@manx.net

Despite the many benefits derived from physical activity I understand that there

Name: Telephone number:.....

Address:

.....

Email address:

Date of Birth: Gender:

In the interest of your safety, if you have or have ever had any of the following conditions, you must consult your Doctor to obtain clearance before starting exercise.

| | | |
|--|---------------|-----------------------------|
| Any heart condition | Diabetes | Palpitations or chest pains |
| High blood pressure | Stroke | Dizziness or fainting |
| Low blood pressure condition | Asthma | Any organ problem/ |
| Raised cholesterol | Any allergies | Arthritis |
| Hernia | Epilepsy | Fracture or injury |
| Prescription medication or any other condition which may be affected by exercise | | |

By signing this form I acknowledge the importance of receiving clearance from

In case of an emergency contact:

NameContact number(s)..... Relationship

are certain risks involved. I agree that it is my sole responsibility to participate in exercises that are appropriate for the current status of my health and Functional Fitness cannot be held liable for any problems that might occur from being involved in physical activity.

I have received a full induction and understand how to safely use all of the equipment.

I agree to utilise all safety features during my exercise sessions.

Signed

Print name Date