

This information is used solely as an aid. It will not be released without your knowledge and consent.

Name_____Date_____Birth date_____

Address_____

Street	City	State	Zip
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Phone Number:_____Email_____

Personal Training Par-Q(Physical Activity Readiness Questionnaire)

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|---|-----|----|
| 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | Yes | No |
| 2. Do you feel pain in your chest when you do physical activity? | Yes | No |
| 3. In the past month, have you had chest pain when you were not doing physical activity? | Yes | No |
| 4. Do you lose your balance because of dizziness or do you ever lose consciousness? | Yes | No |
| 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by change in your physical activity? | Yes | No |
| 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? | Yes | No |

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation in The Fitness Method LLC dba DIRT FITNESS furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE The Fitness Method LLC dba DIRT Fitness its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in the DIRT Fitness training, programs and/or events.

By my signature I/We indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

I have read this entire document and have answered all of the questions to the best of my knowledge.

Last Name, First Name (print)

Signature