



Personal Information:

Name: _____ Date of Birth: ____/____/____

Address: _____ Phone: _____

City/State/Zip: _____

Emergency Contact Person: _____

Emergency phone: _____ Relationship to emergency contact: _____

E-Mail Address: _____

Liability Waiver:

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity with *GetReal Training, LLC*.

Having such knowledge, I hereby release *GetReal Training, LLC*, their representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

Signature: _____ Date: ____/____/____

Parent/Guardian: _____ Date: ____/____/____
(if under 18)

Participants Initial: _____



Data Collection Sheet

NAME: _____ DATE: _____
HEIGHT: _____ in. WEIGHT: _____ lbs. AGE: _____
PHYSICIANS NAME: _____ PHONE: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Questions Yes No

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor? | Yes | No |
| 2 Do you feel pain in your chest when you perform physical activity? | Yes | No |
| 3 In the past month, have you had chest pain when you were not performing any 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 that could be made worse by a change in your physical activity? | Yes | No |
| 6 Is your doctor currently prescribing any medication for your blood pressure or for a heart condition? | Yes | No |
| 7 Do you know of any other reason why you should not engage in physical activity? | Yes | No |

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

Participants Initial: _____



GENERAL & MEDICAL QUESTIONNAIRE

Occupational Questions

1 What is your current occupation?

2 Does your occupation require extended periods of sitting? **Yes** **No**

3 Does your occupation require extended periods of repetitive movements? (If yes, please explain.) **Yes** **No**

4 Does your occupation require you to wear shoes with a heel (dress shoes)? **Yes** **No**

5 Does your occupation cause you anxiety (mental stress)? **Yes** **No**

Recreational Questions

6 Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.) **Yes** **No**

7 Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.) **Yes** **No**

Medical Questions

8 Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain.) **Yes** **No**

9 Have you ever had any surgeries? (If yes, please explain.) **Yes** **No**

10 Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.) **Yes** **No**

11 Are you currently taking any medication? (If yes, please list.) **Yes** **No**

Participants Initial: _____