soul circuit

PARTICIPANT INFORMATION, PAR-Q & AGREEMENT

Office Use Only

Home Class: _____

Pymt Method: _____

Ref/Guest of: _____

PLEASE PRINT _____
Participant's First Name Participant's Last Name

If you have registered online, we have your contact information on file. Please continue to the next section.

Full Address: _____
Street Town/City Postal Code

Email Address: _____

Phone Number: _____ Age: _____

Physical Activity Readiness Questionnaire (PAR-Q)

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

If you have answered "YES" to one or more questions, by signing the waiver below, you verify that you have discussed your ability to participate in this exercise program (cardio, light resistance) with your health practitioner AND/OR you choose to participate and exercise at your own level knowing your physical abilities.

Participation Waiver and Agreement (for self or your child)

I do hereby acknowledge that I participate voluntarily in this exercise program. I declare that my health and physical condition is adequate to meet the requirements of the program. I covenant and agree to indemnify and hold harmless the representatives and instructors against and from any and all costs, damages, or expense arising out of or from any accident or other occurrence causing injury to myself, my child, or any other person or property during participation in this program.

Signature of Participant/Parent _____ Date: _____