

Name _____

PAR-Q FORM Circle YES or NO for the following questions:

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? YES NO

Do you frequently have pains in your chest during physical activity? YES NO

Have you had chest pain when you were not doing physical activity? YES NO

Do you lose your balance due to dizziness or do you ever lose consciousness? YES NO

Do you have a bone, joint, or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? YES NO

Are you pregnant now or have you given birth within the last 6 months? YES NO

Have you had a recent surgery? YES NO

If you marked YES to any of the above, please elaborate below:

Do you take any medications regularly, prescription or non-prescription? YES NO

What is the medication for? _____

How does this medication affect your ability to exercise or achieve fitness goals?

Name _____

Exercise Related Questions:

If you are currently inactive, skip to the next section – Goal Setting.

1. How often do you take part in physical exercise?

5-7 x/week 3-4 x/week 1-2 x/week

2. If your participation is lower than you would like it to be, what are the reasons?

Lack of interest illness/injury lack of time Other _____

3. How long have you been consistently active?

Less than 6 months between 1 -2 years more than 5 years

4. What activities are you presently involved in?

Cardio / Sports Strength training Stretching Walking

Other _____

Goal Setting Questions:

1. What health and fitness-related goals would you like to achieve? Circle all that apply.

Lose body fat	Develop muscle tone	Nutrition education
Rehabilitation from injury	Stress reduction	Cardiovascular fitness
Improve flexibility	Improve coordination	Improve balance
Relief from back pain	Improve posture	Improve self-esteem

Other _____

2. Where do you rate health in your life? Low priority Medium priority High priority

3. How committed are you to achieving better health and fitness? Not very Semi Very

Name _____

Lifestyle Related Questions:

- 1. Do you smoke? YES NO If yes, how many? _____
- 2. Describe your job. Sedentary Active Physically demanding
- 3. On a scale of 1-10, how would you rate your stress level? (1=very low; 10=very high) _____
- 4. Do you consider yourself overweight? YES NO

Fitness History:

- 1. When were you in the best shape of your life? _____
- 2. Have you been exercising consistently for the past 3 months? YES NO
- 3. On a scale of 1-10, how would you rate your present level of fitness? (1=worst; 10=best) _____

Nutrition Related Questions:

- 1. On a scale of 1-10, how would you rate your nutrition? (1=very poor; 10=excellent) _____
- 2. Do you skip meals? YES NO
- 3. Do you eat late at night? YES NO
- 4. How many glasses of water do you consume daily? _____
- 5. Do you experience drops in your energy throughout the day? YES NO
- 6. How many times per week do you eat out? _____
- 7. Besides hunger, what other reasons do you eat? Circle all that apply.
Boredom Social Stressed Tired Depressed Happy Nervous/anxious
- 8. Do you eat foods high in sugar and fat? Often Sometimes Never
- 9. Do you eat past the point of fullness? Often Sometimes Never
- 10. List 1 - 3 areas of your Nutrition you would like to improve:
(1) _____ (2) _____ (3) _____

PARTICIPANT RELEASE AND KNOWLEDGE OF AGREEMENT

1) I, _____, wish to participate in the exercise and training sessions offered by LindaChristy Weiler and/or other agents affiliated with the Yoga Fitness CEC Wellness programs. I understand there are inherent risks in participating in a program of physical exercise and exertion. Consequently, I have been examined by a physician of my choice and have obtained her/his approval for my participation in a fitness program within sixty (60) days of the date set forth below. No change has occurred in my physical condition since the date approval was given which might affect my ability to participate in the fitness program. *If a physician has not examined me, it is because I waived this recommendation.* I agree that LindaChristy Weiler and other agents affiliated with the Yoga Fitness CEC Wellness programs shall not be liable or responsible for any injuries to me resulting in my participation in the fitness program (whether at home, outdoors, or at a corporate, commercial, residential, or other fitness facility) and I expressly release and discharge LindaChristy Weiler and other agents affiliated with the Yoga Fitness CEC Wellness programs (including its owners, employees, and agents) from all claims, actions, judgments, and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by gross negligence or intentional act of such person(s). This RELEASE shall be binding upon my heirs, executors, administrators, and assigns.

I have read and understand this term: _____ (initial)

2) I certify that the answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge that medical clearance is required if I have answered YES to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform LindaChristy Weiler and other agents affiliated with the Yoga Fitness CEC Wellness programs of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____ (initial)

3) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform the instructor.

I have read and understand this term: _____ (initial)

4) I understand the results of any fitness program cannot be guaranteed, and my progress depends on my effort and cooperation in and outside of the classes and sessions.

I have read and understand this term: _____ (initial)

5) I understand that during fitness and wellness classes the instructor may have to use touch training to correct alignment and/or focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with touch training, I will immediately request that the instructor discontinue this technique.

I have read and understand this term: _____ (initial)

6) I understand that should LindaChristy Weiler or other agents affiliated with the Yoga Fitness CEC Wellness programs become ill or is away on holiday, another instructor will be assigned so that my fitness progress does not suffer.

I have read and understand this term: _____ (initial)

I have read this RELEASE and TERMS OF AGREEMENT and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

CLIENT

DATE