

Shenda Falvey

Personal Training & Bootcamps



Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____

Address: _____

Postcode: _____

Contact Numbers - Mobile: _____ Home: _____

Email address: _____

Date of Birth: _____ Age: _____ Sex: _____

GP Name: _____ Contact Number: _____

Surgery Address: _____

Postcode: _____

Emergency Contact Name: _____

Contact Number – Mobile: _____ Home: _____

Relationship: _____

Are you currently under a doctor's care: Yes ☐ No ☐

If yes, explain: _____

When was the last time you had a physical examination?: _____

Do you take any medications on a regular basis? Yes ☐ No ☐

If yes, please list medications and reasons for taking: _____

Have you been recently hospitalised? Yes ☐ No ☐

If yes, explain: _____

Do you smoke? Yes ☐ No ☐

Are you pregnant? Yes ☐ No ☐

Do you drink alcohol more than three times/week? Yes ☐ No ☐

Is your stress level high? Yes ☐ No ☐

Are you moderately active on most days of the week? Yes ☐ No ☐

Do you have:

High blood pressure? Yes ☐ No ☐

High cholesterol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Known heart disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A heart murmur?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chest pain with exertion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Irregular heart beat or palpitations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Light headedness or do you faint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unusual shortness of breath?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cramping pains in legs or feet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emphysema?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other metabolic disorders (thyroid, kidney etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Back pain: upper, middle, lower?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other joint pain (explain on back of form)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Muscle pain or an injury (explain on back of form)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

To the best of my knowledge, the above information is true

Signature: _____

Date: _____

Witness _____

Purpose and Explanation of Procedures

Purpose and Explanation of Procedures I hereby consent to voluntarily engage in a Personal Fitness Programme with Shenda Falvey Personal Training & Bootcamps. The programme will include health/ fitness education activities. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs) and muscular fitness. I acknowledge it has been recommended to me that I be examined by my GP and obtain his/ her approval for my participation in the programme within 30 days of the date set forth below. Furthermore, within the twelve month period preceding the date of release, I have not been advised by a GP or other healthcare professional of any medical condition which would prevent me from participating safely in a physical fitness or conditioning programme. I will be given instructions regarding the amount and type of exercise I should perform. Shenda Falvey will direct my activities, monitor my activities, and otherwise evaluate my effort. I understand that I am expected to follow the trainers' instruction with regards to my exercise, health and fitness related programmes

If I am taking prescribed medications, I have already so informed Shenda Falvey Personal Training & Bootcamps and further agree to so inform my trainer promptly of any changes which my doctor or I have made with regard to use of any medications or change in any medical status. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of my programme

I have been informed that during my participation in the above-described programme I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At the point, I have been advised that it is my complete responsibility to decrease or stop exercise and that it is my obligation to inform the trainer of my symptoms. I hereby state that I have been so advised and agree to inform the trainer of my symptoms, should any develop

I understand that during the performance of exercise, the trainer will periodically monitor my performance, which may include: measuring my pulse, blood pressure or assessing my feeling of exertion for the purposes of monitoring my progress. I also understand that the trainer may reduce or stop my exercise programme, when any of these findings so indicate that this should be done for my safety and health

I understand that during the performance of the programme, physical touching and positioning of my body by the trainer may be necessary to assess my muscular and bodily reactions to specific exercise, as well as insure that I am using the proper technique and body alignment. I expressly consent to the physical contact fore the stated reasons above

Risks

It is my understanding that I have been informed that there exists the possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, physical dizziness, disorders of the heart rhythm, and less likely heart attack, stroke or even death. I further understand and have been informed that there exists the risk of bodily injury, but not limited to, injuries to the muscles, ligaments, tendons and joints of the body. I have been advised that appropriate efforts will be made to minimise these occurrences by proper assessments of my condition before each session, trainer supervision during exercise and by my own control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, and knowing these risks, it is my desire to participate as herein indicated

Inquiries and Freedom of Consent

I have been given the opportunity to ask questions regarding the procedures of the programme and I have received satisfactory answers to those questions. Generally these requests and their responses, which have been noted by Shenda Falvey Personal Training & Bootcamps are as follows:

I agree that Shenda Falvey Personal Training & Bootcamps shall not be liable or responsible for any injuries to me resulting from my participation in the programme (whether at home or at the health club, outdoors or other public places, or corporate, commercial, residential or other fitness facilities) I expressly release and discharge Shenda Falvey Personal Training & Bootcamps, its owners, employees, agents, licensees and/ or administrators or assigns from any claims, suits and the like as a result of any injury or other damage which may occur in connection with the participation in the programme, excepting only an injury caused by gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns. I have read this form and understand all of its terms. I consent to the rendition of all services and procedures as explained herein by Shenda Falvey Personal Training & Bootcamps

Billing Agreement

Fees are to be paid on the day of session for drop in Bootcamp clients or on the day of the first session in the case of the pre booked 12 session discounted Bootcamp package or on the day of the first session in the case of a pre booked Personal Training programme. Fees are to be paid in cash or by cheque made payable to Shenda Falvey

Shenda Falvey Personal Training & Bootcamps work on a scheduled and pre booked appointment basis. In order to effectively use our time we ask the clients give their trainer at least 48 hours notice when cancelling a Personal Training appointment. This means that cancellation should be made at least 48 hours before the scheduled appointment. Personal training sessions cancelled inside of 48 hours will be billed at the normal rate of a single session to the client, or clients (in the case of group training). In the case of the pre booked 12 session discounted Bootcamp package days can be changed within the agreed 12 session timeframe if availability allows but all 12 sessions must be used within the agreed timeframe. This means that sessions can not be refunded if missed

It is the policy of Shenda Falvey Personal Training & Bootcamps to provide refunds only under the following circumstances:

1. Shenda Falvey Personal Training & Bootcamps is unable to provide a trainer to the client due the relocation (of client) to another city or location
2. A clients' medical condition makes it impossible to work with a trainer. In this case a G.P.'s written notification is required
3. All remaining personal training and/ or bootcamp sessions following a 30 day inactive period will be non-refundable. Unused sessions are transferable to another client within one (1) month

I have read the aforementioned conditions and understand and accept these policies as they relate to personal fitness training procedures with Shenda Falvey Personal Training & Bootcamps

Acknowledged and agree,

Participant Signature

Print Name

Date

Shenda Falvey
Personal Training & Bootcamps Signature

Print Name

Date
