



## Physical Activities Readiness Questionnaire (PAR-Q) and Release Form

---

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M\_\_ F\_\_ Primary Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### PHYSICAL ACTIVITIES READINESS QUESTIONNAIRE (PAR-Q)

**Please review this list and circle any illness and/or medical conditions which apply currently or in the last five years.**

- |                     |                            |                               |
|---------------------|----------------------------|-------------------------------|
| Heart Condition     | Numbness or stabbing pains | Ruptured or bulging disc      |
| Frequent headaches  | Infectious conditions      | Low blood pressure            |
| Diabetes            | Allergies                  | Hernia                        |
| Osteoporosis        | Pregnancy                  | Easy Bruising                 |
| High Blood Pressure | Circulatory problems       | Varicose veins or blood clots |
| Back Pain           | Fibromyalgia               | Chronic fatigue               |
| Digestive problems  | Dizziness/fainting         | Seizures                      |
| Constipation        | Arthritis                  | Insomnia                      |
| Loss of balance     | TMJ disorder               | Skin rashes                   |
| Cancer or Tumors    | Other _____                |                               |

Do you wear a hearing aid? Yes\_\_ No\_\_ Pacemaker? Yes\_\_ No\_\_

In which part of your body do you experience stress? \_\_\_\_\_

Is your stress level: light? \_\_\_ \_ moderate? \_\_\_ heavy? \_\_\_

What are your occupational duties? (daily work routine, working conditions, work activities)

---

What is your general lifestyle like (interests, passions, hobbies)? \_\_\_\_\_

What are your goals with starting a fitness and health routine? \_\_\_\_\_

Are you sensitive to touch in any areas? (for massage purposes) Yes \_\_\_ No \_\_\_ If yes,

Explain: \_\_\_\_\_

Do you have any old injuries, current injuries or general concerns we need to be aware of prior to engaging in our services? Are you released from your doctor to engage in our Services? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

### **Livewell featuring Flex 151 is concerned about your health and safety.**

Being more active is safe for most people; however, some people should check with their doctors before they start becoming more physically active. The following questions were adopted from the ACSM Standards and Guidelines for Health and Fitness Facilities. These questions will tell you if you should check with your doctor before you start.

#### **Please read the following questions carefully and answer each one honestly.**

Yes No (Please check)

\_\_\_ \_\_\_1.) Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor?

\_\_\_ \_\_\_2.) Do you feel pain in your chest when you do physical activity?

\_\_\_ \_\_\_3.) In the past month, have you had chest pain when you were not doing physical activity?

\_\_\_ \_\_\_4.) Do you lose your balance because of dizziness or do you ever lose consciousness?

\_\_\_ \_\_\_5.) Do you have a bone or joint problem that could be made worse by a change in your physical activity?

\_\_\_ \_\_\_6.) Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

\_\_\_ \_\_\_7.) Do you know of any other reason why you should not do physical activity?

#### **If you answered YES to one or more questions:**

Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your health professional and then your fitness professional. Ask whether you should change your physical activity plan.

## **FLEX 151, LLC & LIVEWELL, LLC RELEASE FORM**

It is hereby agreed that I, \_\_\_\_\_ (if executed by a parent or legal guardian for an individual under the age of 18: "I", "me" and "my" refer to the parent or legal guardian's release and waiver on behalf of themselves and the minor child), do fully understand and assume all risks involved in my participation of physical activities at Flex 151, LLC and Livewell, LLC, located at 300 West Jennings Street, Newburgh, IN 47630, including but not limited to the use of strength training equipment, personal training services, tanning bed, hydrotherapy bed, massage therapy, health coaching, zyto testing, flexibility Services, aerobics, yoga, relaxation classes, stress relief classes, chi machine, nutraceutical and product purchases, group classes, and strength training Services (collectively, the "Services"). I also understand that Services carry a risk of injury and even death and that I am voluntarily participating in Services with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death associated with Services.

I understand that Flex 151, LLC and Livewell, LLC (hereafter referring to Companies, employees, owners, independent contractors, presenters and agents), is not providing medical advice and does not employ or contract with health care professionals. I have been advised to consult my physician prior to my participation in Services to insure that I am physically able to engage in Services. Flex 151, LLC and Livewell, LLC has not and will not make a medical decision as to my ability or capacity to participate in Services. I understand that Company professionals are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or emotional conditions and that nothing said during the course of treatment should be construed as such. Dr. Lobacz is not employed or contracted with Company and is completely separate from Company.

Being fully cognizant and assuming all risks involved in Services offered by Flex 151, LLC, and Livewell, LLC, I do hereby remise, release, and forever discharge Flex 151, LLC, Livewell, LLC, its owners, employees, agents, administrators, successors and assigns, of and from any and all manners of actions, suits, debts, accounts, damages, judgments, executions, claims or demands whatsoever in law or equity, or otherwise, against Flex 151, LLC, Livewell, LLC, its owners, employees, agents, administrators, successors and assigns that I, my heirs, executors, or administrators hereafter can, shall or may have, for, upon or by reason of any injury that I may sustain or incur while using the facilities of Flex 151, LLC and Livewell, LLC, following the instructions of its owners, employees, agents, administrators, successors and assigns, regardless if the injury or loss results from Flex 151, LLC's or Livewell, LLC's negligence or otherwise.

By executing this Release, I am waiving my, my heirs, executors, or administrators' right to bring legal action for damages for personal injury, including death, and property damage against Flex 151, LLC, Livewell LLC, its owners, employees, agents, administrators, successors and assigns.

I agree to indemnify, save and hold harmless Flex 151, LLC, Livewell, LLC, its owners, employees, agents, administrators, successors and assigns, from any loss, liability, damage or cost they might incur due to my participation in Services. I have read and voluntarily signed the Release and further agree that no oral

representations, statements or inducements apart from the foregoing written agreement have been made.

Whenever possible, each provision of this Release shall be interpreted in such a manner as to be effective and valid under applicable law, but if any provision of this Release shall be prohibited by or invalid under applicable law, such provision shall be ineffective only to the extent of such prohibition without invalidating the remainder of such provision or the remaining provisions of the Release. The rights and privileges of the parties shall inure to the benefit of their respective successors and assigns.

This Release, and all rights and obligations hereunder, including matters of construction, validity and performance, shall be governed by the applicable laws of the State of Indiana, without regard to its conflicts of law doctrine.

I agree that any action or proceeding relating in any way to this Release, including the enforcement of the provisions contained herein, shall be brought and enforced in the courts of Vanderburgh County, State of Indiana, and each irrevocably submits to the jurisdiction of such court and waives any objection to the laying of venue in such court or any claim that such court is an inconvenient forum.

**JURY WAIVER. I HEREBY WAIVE TRIAL BY JURY IN ANY ACTION, PROCEEDING, CLAIM, OR COUNTERCLAIM, WHETHER IN CONTRACT OR TORT, AT LAW OR IN EQUITY, ARISING OUT OF OR IN ANY WAY RELATED TO THIS RELEASE. NO OFFICER OF FLEX 151, LLC HAS AUTHORITY TO WAIVE, CONDITION, OR MODIFY THIS PROVISION.**

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**To be completed by Parent or Legal Guardian if under the age of 18:**

I, \_\_\_\_\_ (printed name of parent or legal guardian) consent for

\_\_\_\_\_ (printed name of legal minor) to have Services performed at Livewell, LLC and Flex 151, LLC. I understand I am encouraged to be present in the room while services are being rendered on above named minor at Livewell LLC and Flex 151, LLC.

\_\_\_\_\_ (Signature of Parent or Legal Guardian) Date: \_\_\_\_\_

**If parent or legal guardian *is not present* at Livewell at time of service and consents to the service taking place now AND for future Services, please sign here:**

\_\_\_\_\_ (Signature of Parent or Legal Guardian) Date: \_\_\_\_\_