



## PAR Q FORM

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their physician before they start becoming more physically active. Please complete this form as accurately and completely as possible.

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 when you perform physical activity? Yes      No

Have you had chest pain when you were not doing physical activity? Yes      No

Have you had a stroke? 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 imitations that must be addressed when developing an exercise program ( i.e. diabetes, osteoporosis, high blood pressure, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems etc.)? Yes      No

Do you have asthma or exercise induced asthma? Yes      No

Do you have low blood sugar levels (hypoglycemia)? Yes      No

Do you have diabetes? Yes      No

Have you had a recent surgery? Yes      No

If you have marked YES to any of the above, please elaborate: \_\_\_\_\_  
\_\_\_\_\_

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes      No  
Yes/No What is the medication for? \_\_\_\_\_

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

Please include your fitness goals? \_\_\_\_\_  
\_\_\_\_\_

**Please note: If your health changes such that you could then answer YES to any of the health questions, tell your trainer/coach. Ask whether you should change your physical activity plan.**

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

Name of Participant: \_\_\_\_\_

Signature (if 18 or over): \_\_\_\_\_ Date: \_\_\_\_\_



## INDIVIDUAL RELEASE & WAIVER

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Name of EVENT(S): \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

The undersigned (on my own behalf and on behalf of my heirs, personal representatives, successors and assigns), for and in consideration of the opportunity to participate in a "GET FIT KIDS" or "Activity" (hereinafter, EVENT(S)) sponsored and/or conducted by F.I.T.-Fitness Inspired Training (hereinafter, the "RELEASED PARTIES") releases and holds harmless the "RELEASED PARTIES" from any and all claims and demands, rights and causes of action of any kind whatsoever which I now have or later may have against the "RELEASED PARTIES" in any way resulting from, arising out of, or in connection with the performance of their rally duties and my participation in any said EVENT(S).

This Release extends to any and all claims I have or later may have against the "RELEASED PARTIES" resulting from or arising out of their performance of their rally duties whether or not such claims result from negligence (except willful neglect) on the part of any or all of the "RELEASED PARTIES" with respect to the EVENT(S) or with respect to the conditions, qualifications, instructions, rules or procedures under which the EVENT(S) are conducted or from any other cause. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE ANY OR ALL OF THE "RELEASED PARTIES" FOR ANY INJURY RESULTING TO MYSELF OR MY CHILD ARISING FROM, OR IN CONNECTION WITH THE PERFORMANCE OF THEIR GET FIT KIDS EVENTS IN SPONSORING, PLANNING OR CONDUCTING THE EVENTS.

I am voluntarily participating in and allowing my CHILD to participate in the EVENT(S) and I expressly agree to assume the entire risk of any accidents or personal injury, including death, which I or my CHILD might sustain to my person and property as a result of my participation in the event(s), and any negligence (except willful neglect) on the part of any or all of the "RELEASED PARTIES" in performing their duties.

### WAIVER OF RIGHTS UNDER MASSACHUSETTS STATUTES

I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this release and Indemnification Agreement.

**By signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the "RELEASED PARTIES."**

### PARENT INFORMATION

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### CHILD INFORMATION

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS FORM MUST BE SIGNED AND RETURNED TO A MEMBER OF F.I.T. - FITNESS INSPIRED TRAINING**