Fitness Liability Waiver & PAR-Q

Physical Activity Readiness Questionnaire and liability waiver for gym and fitness services

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

PAR-Q Health Screening

Physical Activity Readiness Questionnaire — Please answer honestly. If you answer YES to any question, consult your physician before starting an exercise program.

Has a doctor ever said you have a heart condition and recommended only medically supervised activity? *

☐ Yes ☐ No

Do you experience chest pain during physical activity? *

☐ Yes ☐ No

Have you experienced dizziness or loss of consciousness in the past 12 months? *

☐ Yes ☐ No

Do you have a bone or joint problem that could worsen with physical activity? *

☐ Yes ☐ No

Are you currently taking medication for blood pressure or a heart condition? *

☐ Yes ☐ No

Is there any other reason you should not engage in physical activity? *

☐ Yes ☐ No

If yes, please explain

Emergency Contact

Emergency Contact Name *

Emergency Contact Phone *

Relationship

Liability Waiver

Assumption of Risk and Liability Waiver:

1. I understand that physical exercise involves inherent risks including but not limited to: muscle strains, sprains, fractures, cardiac events, and other injuries.
2. I voluntarily assume all risks associated with my participation in exercise activities.
3. I certify that I am physically fit and have no medical condition that would prevent my participation, or I have obtained physician clearance.
4. I agree to follow all safety guidelines and instructions provided by staff.
5. I will immediately inform staff of any pain, discomfort, or unusual symptoms during exercise.
6. I release and hold harmless the facility, its owners, employees, and trainers from any claims, damages, or liability arising from my participation.
7. I understand that this waiver applies to all visits and activities at this facility.

I voluntarily assume all risks of physical exercise and release the facility from liability.

I have read and agree to the liability waiver: _____

Consent & Signature

I certify that the health information provided is accurate. I have read and understand the PAR-Q and liability waiver. I voluntarily consent to participate in physical fitness activities and assume all associated risks.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY