



### Physical Activity Readiness Questionnaire

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 doctor before they start becoming much more physically active. I encourage you to consult with your general practitioner before starting any training regimen.

If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15 and 69, this questionnaire will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO

#### **Personal information:**

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

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

Email: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

#### **Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

#### **Please fill in the questions below to the best of your knowledge:**

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? **Yes / No**
2. Do you feel pain in your chest when you do physical activity? **Yes / No**
3. In the past month have you had chest pain when you were not doing physical activity? **Yes / No**
4. Do you lose your balance because of dizziness, or do you ever lose consciousness? **Yes / No**
5. Do you have a bone or joint problem that could be made worse by a change in physical activity? **Yes / No**
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? **Yes / No**
7. Do you know of any other reason why you should not do physical activity? **Yes / No**

**Additional information:**

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**Participant's Waiver for Personal Training**

Because physical exercise can be strenuous and subject to risk of serious injury, Kinetics 360 urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity.

As with virtually any athletic activity, there exists a certain risk of injury. The undersigned acknowledges this risk and agrees that his/her physical condition is adequate to safely train. I affirm that I am voluntarily participating in this training program and assume all responsibility for any and all injuries I may sustain as a result of the risk associated with any training program. On behalf of myself, my family members, heirs and assigns, I hereby release Rom Levitzky and Kinetics 360 from any claims, demands or actions, including those for personal injuries, death, damages or losses suffered by me while participating in this training program.

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

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

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