






Consent Form for Exercise Programme

Contact Information:

 Name:	 Home: Mobile:
 Address:	Postcode:
 E-mail:	
<u>Emergency Contact</u>	
 Name:	
Phone number:	

Physical Activity Readiness Questionnaire (PAR-Q)

The questions will show if you need to see a doctor before exercise

1. Has your doctor ever said that you have a heart condition? Please specify:	YES	NO
2. Do you feel pain in your chest when you exercise?	YES	NO
3. In the past month, have you had chest pain when you were not doing exercise?	YES	NO
4. Do you lose your balance feeling dizzy?	YES	NO
5. Do you have a bone problem that could be made worse by exercise? Please specify:	YES	NO
6. Is your doctor currently prescribing you any medication? Please specify:	YES	NO
7. Do you know of any other reasons why you should not exercise?	YES	NO
8. Has your Doctor given you medical clearance to participate in exercise?	YES	NO
9. Do you have any support needs? Please specify:	YES	NO
10. Do you consider yourself to have a disability? Please specify:	YES	NO

PLEASE NOTE: If your health changes, please tell the Healthiness staff.

I fully understand all the questions.

Name **Signature** **Date**/...../.....

If you answered YES to one or more questions:

Talk with your doctor about the PAR-Q before you start. Please remember:

- Start slowly
- Stick to activities that are safe for you
- Get doctor's stamp



If you answered NO to all the questions:

This means that the PAR-Q is all clear. You can take part in our exercise.

- Gradually increase intensity
- Rest and recover
- Eat a balanced diet











Doctor's Name
 Doctor's Signature
 Stamp

We at Healthiness Ltd are here to keep you safe and make sure you use equipment correctly. It is your responsibility to listen to instructions from staff for your own safety.

I **hereby release Healthiness Ltd and my Medical Practitioner/Care Team** from all claims, demands, damages and rights of action. I also assume full responsibility for any injuries or damages which may occur during the exercise classes. I will inform the Healthiness team of my medical condition. I will also tell Healthiness about any medication I am taking.

Signature of Client Date/...../.....

Signature of Witness Date/...../.....

This exercise programme helps	Risks Include
Improve heart 	Changes in Feelings 
Muscles stronger 	Changes to heart rate 
Lose weight 	Changes to breathing 
Improve balance 	Muscle aches 
Improve flexibility 