



PAR-Q
Physical Activity Readiness Questionnaire

Contact Information:					
First Name	Middle Initial	Last Name			
Street Address					
City	State	Zip Code	Birth Date (MM/DD/YYYY)	Gender	
Home Phone	Work Phone		Mobile Phone		
() -	() -		() -		
E-mail					
Emergency Contact Name / Relationship				Phone	
				() -	
Trainer Name				Referred by:	
Past Health History				YES	NO
Has your doctor ever informed you that you have heart trouble?				<input type="checkbox"/>	<input type="checkbox"/>
To the best of your knowledge, do you currently have high blood pressure?				<input type="checkbox"/>	<input type="checkbox"/>
Have you undergone surgery (minor or major) within the past two years?				<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have a bone or joint problem that may become aggravated with strenuous exercise?				<input type="checkbox"/>	<input type="checkbox"/>
Do you have diabetes? If so, what type:				<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about participating in a strenuous fitness program such as dizziness, fainting, chest pains, pregnancy, low back pain, smoking, current medications, etc.? If so, please explain:				<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking medication? If so, please list:				<input type="checkbox"/>	<input type="checkbox"/>
Is there anything, not mentioned above, that we should be aware of in order for us to appropriately design a safe and productive fitness program for you? If yes, please explain:				<input type="checkbox"/>	<input type="checkbox"/>

As a client of Elite Athlete Training Systems, Inc. (E.A.T.S.), I intend to engage in strenuous physical activities. I acknowledge that these activities involve certain risks and I understand that being a part of an E.A.T.S. program that I voluntarily assume these risks. I mean to include in the assumption of risk, the risk of injury, no matter how serious.

In consideration of being accepted as a client of E.A.T.S., I hereby release and forever discharge E.A.T.S., its management, partners, agents, contractors, and employees (whether acting within the scope of their employment or not) from any claims, demands, or causes of action relating to or arising from my presence or participation in an E.A.T.S. program, which may result in injury to me or even death. I intend this release to bind my heirs, executors, assigns, administrators, personal representatives, and myself.

Client Name (Please Print)

Client Signature

Date

Parent/Guardian (Please Print)

Parent/Guardian Signature

Date