

PARTICIPANT PROFILE

Name: _____ Date: _____

Phone: _____ E-mail: _____

Physical Address: _____

Birth date: _____ Height: _____ Approximate Weight: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

YES NO

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Do you feel pain in your chest when you do physical activity?
- In the past month, have you had chest pain when you were not doing physical activity?
- Do you lose your balance because of dizziness or do you ever lose consciousness?
- Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Is your doctor currently prescribing drugs for your blood pressure or heart condition?
- Do you know of any other reason why you should not do physical activity?

If you answered yes to one or more of the above questions, you agree to obtain your doctor's approval before your session(s). If your circumstances change at any time in the future, you agree to obtain your doctor's approval before continuing your sessions.

YES NO

- Has a doctor ever diagnosed you with a heart condition or a chronic disease?
If yes, please explain: _____
- Do you currently have any pain or injuries?
If yes, please explain: _____
- Are you currently taking any medication that could affect your physical activity?
If yes, please explain: _____

Your Signature: _____ **Date:** _____

If participant is under 18 years of age:

_____ Full Name of Parent/Legal Guardian of Participant

_____ Date

_____ Signature of Parent/Legal Guardian of Participant

Agreement of Release and Waiver of Liability

I agree to the following:

1. That I am participating in exercise sessions offered by Samantha Zilvitis, in person and/or online, live and/or recorded, during which I will receive information and instruction about health and fitness. I recognize that fitness programs require physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the exercise sessions. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the exercise sessions.
3. In consideration of being permitted to participate in the exercise sessions, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the exercise sessions.
4. In consideration of being permitted to participate in the exercise sessions, I knowingly, voluntarily and expressly waive any claim I may have now or in the future against Samantha Zilvitis for injury or damages that I may sustain as a result of participating in the exercise sessions.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Samantha Zilvitis for any injury or death caused by her negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date

Name of Participant

Signature of Participant

If participant is under 18 years of age:

Full Name of Parent/Legal Guardian of Participant

Date

Signature of Parent/Legal Guardian of Participant

Please print, complete, sign and return documents to samzilvitis@yahoo.com.