



Name:
Would you mind if we kept in contact? We will only contact you about things related to our class <i>Psalms & Stretches</i> and will never share your details with anyone else. Thank you.
Email Address:

Physical Activity Readiness Questionnaire (PARQ)	Yes	No
Has your Doctor ever said you have a heart condition that prevents you from taking part in physical activity?		
Have you experienced pain in your chest whilst doing physical activity?		
Do you suffer from feeling dizzy or faint, or loss of consciousness?		
Have you been told you have high blood pressure?		
Have you ever been told you have bone or joint problems that may be made worse by physical activity?		
Have you had any minor or major surgery that may affect your ability to exercise?		
Are you pregnant or have you been pregnant within the last 6 months?		
Is there any other physical or medical reason you know of why you should not be partaking in physical exercise?		

If you answer "YES" to any of the above please supply details below and let your instructor know before the start of the session. If you are not already under doctors supervision, please consult your doctor before beginning any exercise sessions.

Additional information you would like to supply concerning your health that may be relevant:

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Please note

As with all forms of physical exercise there can be risk of injury. It is prudent to inform your doctor if you are embarking on a new regime or have previously not exercised due to medical reasons. Exercise should be performed at a pace that feels comfortable to you. Pain is the body's warning system and should not be ignored; listen to your body. Please inform the instructor () if at any point you experience discomfort or have experienced discomfort as a consequence of a previous session.

Disclaimer

Iconfirm that;
I have read and understood the above,
The information I have provided is correct to the best of my knowledge,
I affirm I know of no reason why I should not undertake exercise sessions,
I understand that all exercise carries a risk of injury and accept responsibility for my own body and will stop exercising if I need to,
I understand that should I injure myself as a result of participation I hereby release the instructor ()
from any liability now or in the future,
I will inform the instructor if my medical condition changes in the future.

Signed:..... Date: / /