



**Group Fitness
Personal Training
Obstacle Race Programs**

PHILANTHROFIT
CHARITABLE PERSONAL TRAINING

Waiver of Liability

Personal Information:

Name: _____ Date of Birth: ____/____/____

Address: _____ Phone: _____

City/State/Zip: _____

Email: _____

Emergency Contact Person: _____

Emergency phone: _____ Relationship to emergency contact: _____

PhilanthroFIT advises obtaining an examination by a physician prior to participating in an exercise/fitness program.

Liability Waiver: Initial each item.

_____, I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in an exercise/training program with PhilanthroFIT Training, LLC.

_____ Having such knowledge, I hereby release PhilanthroFIT Training, LLC, and their representatives, agents, and successors from liability for accidental injury or illness that I may incur as a result of participating in said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

_____ I agree to disclose any physical limitations, disabilities, ailments, or impairments that may affect my ability to participate in said fitness program.

_____ I agree to allow PhilanthroFIT to use any photographs, videos, or likenesses of me in promotional material including but not limited to videos, websites, pamphlets, and advertisements.

_____ I have been advised that an examination by a physician should be obtained prior to commencing a fitness and/or exercise program or initiating a substantial change in the amount of regular physical activity performed. If I, the undersigned, have chosen not to obtain a physician's consent prior to beginning this fitness program with PhilanthroFIT Training, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT MY SUCCESSORS OR I MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST PHILANTHROFIT TRAINING, YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

Signature: _____ Date: ____/____/____

Parent/Guardian Signature if under 18: _____ Date: ____/____/____



Health Readiness Questionnaire



Please answer all the following questions to the best of your ability and knowledge.

Section 1: History - Have you ever had any of the following?

- | | |
|--|-----------|
| · Heart attack or heart failure? | Y __ N __ |
| · Heart Surgery? | Y __ N __ |
| · Metabolic diseases? | Y __ N __ |
| · A pacemaker or other heart device? | Y __ N __ |
| · A heart valve or congenital heart disease? | Y __ N __ |
| · Pulmonary disease? | Y __ N __ |
| · A Stroke? | Y __ N __ |
| · Coronary Artery Disease? | Y __ N __ |
| · If you are a woman, are you pregnant? | Y __ N __ |
| · Musculoskeletal or nerve problems? | Y __ N __ |

Section 2: Symptoms - Have you ever experienced any of the following?

- | | |
|---|-----------|
| · Pain in your chest, neck or jaw? | Y __ N __ |
| · Shortness of breath with mild exertion? | Y __ N __ |
| · Palpitations, tachycardia, or irregular heart beat? | Y __ N __ |
| · Orthopnea or Paroxysmal Nocturnal Dyspnea? | Y __ N __ |
| · Intermittent claudication or thrombosis? | Y __ N __ |
| · Ankle swelling? | Y __ N __ |
| · Heart murmur? | Y __ N __ |
| · Dizziness? | Y __ N __ |

Section 3: Risk Factors - Indicate if you have had any of the following or if any apply to you:

- | | |
|--|-----------|
| · You are a male older than 45 years of age. | Y __ N __ |
| · You are woman over 55 years of age or have had a hysterectomy or are postmenopausal. | Y __ N __ |
| · You smoke or have quit smoking in the last 6 months. | Y __ N __ |
| · You have blood pressure greater than 140/90. | Y __ N __ |
| · You are physically inactive or get less than 30 minutes of physical activity on at least 3 day per week. | Y __ N __ |
| · You have total cholesterol greater than 200 mg/dL. | Y __ N __ |
| · You have a close male blood relative who had a heart attack before age 55 or a close female relative who had a heart attack before age 65. | Y __ N __ |
| · You have diabetes or take medication to control blood sugar. | Y __ N __ |
| · Take prescription medication. | Y __ N __ |
| · You are more than 20 pounds overweight. | Y __ N __ |

PhilanthroFIT Training, LLC assumes no liability for persons who undertake physical activity. *If in doubt after completing this questionnaire consult your doctor prior to physical activity.*

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signature _____ Print Name _____ Date _____

Signature of Parent or
GUARDIAN _____

(for participants under the age of eighteen)



Physical Activity Readiness Questionnaire (PAR-Q)



If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q 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 question carefully and answer each one honestly by checking YES or NO.

	YES	NO
Has a physician ever told you that you have heart trouble?		
Do you feel pain in your heart and/or chest when you do physical activity?		
Do you often lose your balance, feel faint, lose consciousness, or have spells of dizziness?		
Have you been diagnosed with high blood pressure by a physician?		
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 example, water pills) for your blood pressure or heart condition?		
Do you know of <u>any other reason</u> why you should not do physical activity?		

If you answered yes to one or more questions:

- **Talk with your doctor by phone or in person** BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.
- You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered NO *honestly* to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal. This is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

You should delay becoming much more active:

If you are not feeling well because of a temporary illness such as cold or a fever - wait until you feel better; or if you are or may be pregnant - talk to your doctor before you start becoming more active.

*Please note: If your health changes so that you then answer **YES** to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.*

Informed Use of the PAR-Q.

PhilanthroFIT Training, LLC assumes no liability for persons who undertake physical activity. If in doubt after completing this questionnaire consult your doctor prior to physical activity.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signature_____

Print Name_____ Date_____

Signature of Parent or GUARDIAN_____
(for participants under the age of eighteen)