



SynchroFitness PARQ

Please complete this form and give it to your Instructor before your first class

Name:

Tel:

Email:

Address:

The person we should contact in case of an emergency:

Name:

Tel:

Relationship:

Physical Activity Readiness Questionnaire (Please read carefully):

Please tick the relevant boxes that apply to you:

- Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?
- Do you have chest pain brought on by physical activity?
- Have you developed chest pain in the last month?
- Do you tend to lose consciousness or fall over as a result of dizziness?
- Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
- Has a doctor ever recommended medication for your blood pressure or a heart condition?
- Are you aware, through your own experience or from a doctor's advice, of any other physical reason why you should not exercise without medical supervision?
- Are you currently, or have you been pregnant in the last six months?

If you have selected any of the boxes above you must sign an informed consent form before you take part. Your instructor may additionally ask you to provide a consent form from your doctor before you take part in any SynchroFitness activities.

Your Signature:

Date:

If you are under 18:

Parent/Guardian Signature:

Date:



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Informed Consent

Having completed a Physical Readiness Questionnaire to participate in SynchroFitness classes and declared a health issue, I choose to participate voluntarily in this exercise program.

I understand that this physical activity is designed to gradually increase the workload on my circulatory systems as well as my musculoskeletal system in an effort to improve their function. The reaction of the system(s) to such activities cannot be predicted with complete accuracy. The possibility of certain unusual changes during or following the exercise sessions does exist. These changes could include abnormalities in blood pressure or heart rate, ineffective heart function, fainting, muscle soreness, muscle strains, and possibly heart attack or cardiac arrest. The benefits obtained from the exercise program may include a more efficient cardiovascular system, a decreased risk of heart disease and other chronic diseases, improved muscular and skeletal systems, and an increased quality of life. I realize that it is necessary for me to report, promptly, any signs and/or symptoms indicating abnormalities or distress. I know that if there are any questions about the procedures or methods used during an exercise session or test, I should ask my instructor. If I have any doubts, concerns or questions I should ask for further explanation. I am also aware that I may decide to discontinue a session at any time should I be in any distress.

I have read this form and voluntarily consent to participate in this exercise program and realize that I am free to withdraw at any time.

Name:

Signed:

Witness:

Date: