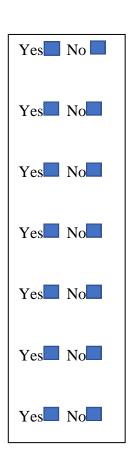
YOUR LOGO

PAR-Q

Please fill in the below Physical Activity Readiness Questionnaire (PAR-Q) to ensure you are fit to train without seeking prior medical advice. Please read each question carefully and answer honestly – our primary aim is always HEALTH and performance.

- 1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2. Do you feel or suffer with pain in your chest during physical activity?
- 3. In the past month have you suffered with chest pain when not doing physical activity?
- 4. Do you suffer with dizziness or ever lose consciousness?
- 5. Do you have bone or joint problems that could be made worse in change of physical activity?
- 6. Are you currently taking any medication for your blood pressure or a heart condition?
- 7. Do you know of any other reason as to why you should not do physical activity?



If you have answered YES to any of the above questions, please seek medical advice before taking part in any physical activity.

In signing this document, you have stated that you are fit and healthy to train.

"I have read, understood, and completed the above questionnaire to my full satisfaction."

Name:	 		
Signature:	 		
Date:	 		
Email Address:			