

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

CONTACT INFORMATION-- **REQUIRED** Please print clearly!

Name Birthdate

Address City

Email Phone

Emergency Contact Name

Emergency Contact Phone Number

Gender male female

MEDICAL REVIEW

Answer yes or no to the following questions:

1. Have you experienced any past injuries or sustained illnesses that limit you from performing physically challenging activities?

yes no

2. Do you lose your balance because of dizziness or do you ever lose consciousness? yes no

3. Are you taking any prescribed medication at this time? yes no

4. Do you have any allergies? yes no

5. (Females only) Are you pregnant? yes no

6. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? yes no

7. Do you feel pain in your chest when you do physical activity? yes no

8. Do you have a bone or joint problem that could be made worse by a change in your physical activity? yes no

9. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? yes no

10. Do you know of any other reason why you should not do physical activity? yes no

If you answered yes to any of the questions, please provide additional information regarding your medical history to your instructor.

* If anything relevant changes in your health you agree to alert Ignite Fitness Studio.

Signature:





Liability Waiver Form

Because physical exercise can be strenuous and subject to risk of serious injury, Northern Grrrls, LLC and/or Ignite Fitness Studio urges you to obtain a physical examination from a doctor before beginning any exercise or training program. You agree that by participating in these physical exercise sessions or group fitness classes, you do so entirely at your own risk.

This includes, without limitation, (a) your use of all amenities and equipment in the facility and any off site location and your participation in any activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any equipment, (c) our instruction, training, supervision, or dietary recommendations. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury. You expressly agree to release and discharge Northern Grrrls, LLC., Ignite Fitness Studio, and your personal trainer or instructor, from any and all claims or causes of action. This waiver and release of liability includes, without limitation, all injuries to you which may occur, regardless of negligence. If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

You acknowledge that you have carefully read this waiver and release and fully understand that it is a release of liability. You agree to voluntarily give up any right that you may otherwise have to bring a legal action against Northern Grrrls, LLC, Ignite Fitness Studio, the personal trainer or instructor for negligence, or any other personal injury or property damage or loss action.

Media Release Agreement

Students may grant permission for Ignite Fitness Studio to use photos, videos, motion pictures, recordings and testimonials for informational or promotional use.

Adult Student Printed Name _____ Date _____

Adult Student Signature _____

SEE OTHER SIDE ----->