



HEALTH HISTORY QUESTIONNAIRE For Classes

Today's Date:

Name: _____	Date of Birth	____/____/____	Age: _____
		M D Y	
Address: _____	Street	City	Province Postal Code
Phone: _____	(h)	(o)	(cell)
Email address: _____			
Occupation: _____			
Emergency Contact: _____	Phone: _____		
Physician's Name: _____	Phone: _____		

DO YOU HAVE, OR HAVE YOU HAD, IN THE PAST (Par-Q):

- | | | |
|--|------------|-----------|
| 1. History of heart problems, chest pain or stroke? | YES | NO |
| 2. Increase or decreased blood pressure? | YES | NO |
| 3. Any chronic condition or illness? | YES | NO |
| 4. Encouraged by a doctor to begin an exercise program. | YES | NO |
| 5. Recent surgery (last 12-months). | YES | NO |
| 6. Pregnancy (now or within the last 3-months) | YES | NO |
| 7. History of breathing problems. | YES | NO |
| 8. Muscle, joint, back disorder or any other injury still affecting you. | YES | NO |
| 9. Diabetes or thyroid condition. | YES | NO |
| 10. Cigarette smoking habit. | YES | NO |
| 11. Increased blood cholesterol. | YES | NO |
| 12. History of heart problems in immediate family. | YES | NO |
| 13. Hernia or any other condition that may be aggravated by lifting weights. | YES | NO |
| 14. Are you taking any prescription medications? | YES | NO |

PARTICIPANT RELEASE OF LIABILITY & KNOWLEDGE OF AGREEMENT

In consideration of being allowed to participate in the personal and/or group fitness training activities and programs of **Fitness with PJ and PJ Wren** and to use its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge **Fitness with PJ and PJ Wren** and its trainers, contractors, instructors, employees, representatives and all others acting on their behalf from any claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of **Fitness with PJ and PJ Wren** or the use of any equipment at various sites, including home, provided by and/or recommended by **Fitness with PJ and PJ Wren**.

(PLEASE INITIAL: _____)

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, are all potentially hazardous activities. I also understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(PLEASE INITIAL: _____)

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have filled out the Health History truthfully and that I may need my physician's clearance to begin my fitness program with **Fitness with PJ and PJ Wren**. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.

(PLEASE INITIAL: _____)

I understand that **Fitness with PJ and PJ Wren** is providing and maintaining an exercise/fitness program for me does not constitute an acknowledgment, representation or indication of my physiological well-being or a medical opinion relating thereto.

(PLEASE INITIAL: _____)

I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

(PLEASE INITIAL: _____)

I understand that classes are non-refundable, owed prior to the program commencing and that there may be no make up classes if I should miss a class.

(PLEASE INITIAL: _____)

CLIENT

PERSONAL TRAINER

DATE

DATE