**ADULT PRE-EXERCISE SCREENING & INFORMED CONSENT** **PAR-Q**

**Please answer the questions below before participating in any of our classes.**

**This PAR-Q form will tell you and us if you should check with your doctor before you start exercising. If you are over 69 years of age, and you are not used to being very active, check with your doctor first.**

 **YES NO**

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

2. Do you feel pain in your chest when you do physical activity?

3. In the past month, have you had chest pain when you’re **not** exercising?

4. Do you lose your balance because of dizziness?

*5.* Do you have a bone or joint problem that could be made worse by a change in your physical activity?

6. Is your doctor currently prescribing drugs for your blood pressure
or heart condition?

7. **Do you know, or are unsure, of any other reason why you should not do**

 **physical activity?**

 **If you** are or may be pregnant - talk to your doctor before you start becoming more active.

**Note:** Please inform your fitness or health professional if your health changes with reference to the above.

**If you have answered YES to one or more questions talk with your doctor BEFORE you start exercising.**

**You may still be able to do classes you want** - as long as you start slowly and build up gradually. Or, you may need to restrict your classes to those, which are safe for you. Talk with your doctor about the kinds of classes you wish to participate in and **follow his/her advice.**

**If you answered NO to all questions:**

**Start becoming much more physically active NOW! - Begin slowly and build up gradually.**

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**Informed use of the PAR-Q:** Inter-shape fitness club and its associates assume no liability for persons who undertake physical activity. If in doubt after completing the questionnaire, consult your doctor prior to physical activity.

**In Compliance with the GDPR (Data protection May 2018) law** by signing below, you are giving us authorization to hold your details, which are required between, yourself and us, Intershape studio

Your details are kept for lawful purposes and not shared with any third party.

**SIGNATURE**

**DATE**

**WITNESS (NOT AN INSTRUCTOR)**

**NAME**

**I have read, understood and completed the questions honestly. Any questions I had were answered to my full satisfaction. I can confirm I am 16 years and over.**

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**ADULT Participant information:**

**Name:**

**Address & Postcode:**

**Email address (PLEASE WRITE CLEARLY):**

**Tel no home: Tel no mobile:**

**How did you find out about inter-shape studios?**

**Friend Driving past Internet Leaflet drop Magazine**

**Facebook: (FB Friend) (FB Intershape page) (FB Intershape group)**

**(FB Dinnington forum) Other (please give details)**

**Informed Consent/Disclaimer:**

**Whilst every effort is made to keep the classes/studio safe and enjoyable, you are participating of your own free will and do so at your own risk.**

**I understand the class could be taught on occasions by a stand in teacher.**

**I understand photographs/videos may be taken on occasions and used for promotional purposes.**

**I understand Intershape & it’s associates hold no responsibility before or after leaving the premises.**

**Intershape cannot accept any responsibility for any injuries caused when using equipment.**

**I HEARBY UNDERSTAND AND AGREE TO THE ABOVE**

**Date:**

**Signature:**

**Full name: **

**Name of first class attending:**

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**Introductory offer: 7 day unlimited classes for only £7.00 Yes No**

**Instructor use only: I have checked if the participant has ticked YES to any of the pre-exercise questions and recorded the advice that I have given below as well as the following:**

**Health & safety advice given: Yes**

**Details of advice given:**

**Fire exits/meeting point/toilets shown welcome letter given**

**Signature:**

**Instructors name:**