



## STRENGTH & CONDITIONING CLASS LIABILITY WAIVER

Physical exercise can be strenuous and subject to risk of serious injury. We urge 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, you do so entirely at your own risk.

I, \_\_\_\_\_ freely and knowingly assume the risk in such programs, and I hereby waive any right, claim, or cause of action against Tensegrity Physical Therapy and its staff and release him/her and/or his/her company from any liability for any injury, cost, damage, expense or claim, which I or anyone on my behalf might incur as a direct or indirect result of my participation in this strength and training program.

Print Name of Participant: \_\_\_\_\_

Signature of participant (or guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Who should we call in case of emergency? \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

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\* Refunds will not be provided for missed classes or early withdrawal (unless otherwise approved).

\* Payment is due in full within first week of classes, unless other arrangements have been made.



### Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check **YES** or **NO** opposite the question if it applies to you. If yes, please explain.

**YES**   **NO**

- \_\_\_ \_\_\_      1. Has your doctor ever said you have heart trouble?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_      2. Do you frequently have pains in your heart and chest?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_      3. Do you often feel faint or have spells of severe dizziness?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_      4. Has a doctor ever said your blood pressure was too high?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_      5. Has your doctor ever told you that you have a bone or joint problem(s),  
such as arthritis that has been aggravated by exercise, or might be made worse with  
exercise?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_      6. Is there a good physical reason, not mentioned here, why you should not  
follow an activity program even if you wanted to?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_      7. Are you over age 60 **and** not accustomed to vigorous exercise?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_      8. Do you suffer from any problems of the lower back, i.e., chronic pain, or  
numbness?  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_      9. Are you currently taking any medications? If YES, please specify.  
Yes, \_\_\_\_\_
- \_\_\_ \_\_\_      10. Do you currently have a disability or a communicable disease? If YES,  
Please specify,  
Yes, \_\_\_\_\_

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities and/or fitness evaluation testing at Tensegrity Physical Therapy.

Print Name of Participant: \_\_\_\_\_

Signature of participant (or guardian): \_\_\_\_\_

Date: \_\_\_\_\_