

MAPLEWOODBOOTCAMP.com

Physical Activity Readiness Questionnaire

Date ___ / ___ / ___	Name: _____	Birth Date _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Home Address: _____	City: _____	State ___ Zip _____
E-Mail _____	Age _____	Height _____ Weight _____
In Case of Emergency Call _____	Relationship _____	Telephone # _____

Physical activity should not be hazardous for most people. The PAR-Q has been designed to identify those adults who should consult a physician prior to beginning a program of physical exercise.

1. What was the date of your last physical? _____
2. Are you presently taking any medications? _____
If yes, which ones? _____

3. Do you smoke? _____
4. Do you have Asthma? _____
5. Do you have high cholesterol? _____
6. Are you diabetic? _____
7. Has your doctor ever said you had heart trouble? _____
8. Do you frequently have pains in your heart/chest? _____
9. Do you often feel faint or have spells of dizziness? _____
10. Has your doctor ever said you blood pressure is too high? _____

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11. Has your doctor ever told you that you have a bone or joint problem (such as arthritis) that has been aggravated by activity? _____

12. Are you over the age of 65 and not accustomed to vigorous exercise? _____

13. Have you ever had any surgery, broken bones or sprains? _____

If yes, what kind and how long ago? _____

14. Are you pregnant, if yes what trimester and due date? _____

15. Is there any reason not mentioned thus far that would not allow you to participate in a physical fitness program? _____

If you answered yes to any of the previous questions, please answer the following:

16. Have you consulted your physician regarding an increase in your physical activity? _____

17. If you answered NO to question 12, will you consult your physician regarding an increase in your physical activity? _____

Date: _____

Print Name: _____

Signature: _____

Notes: _____

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Agreement and Release of Liability

Name: _____	
Address: _____	
City: _____	State _____
Zip Code _____	Date of Birth _____

1. In consideration of being allowed to participate in activities and programs of My Holistic Wellness LLC and to use its facilities, equipment and machinery in addition to any fee or charge, I do hereby waive, release and forever discharge and its directors, officers, agents, employees, representatives, successors and assigns, administrators, executors and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability from any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any fitness, wellness and health activities including but not exclusive to Personal Training, Wellness Coaching, Nutritional Counseling, Group Exercise Classes and/or Yoga Instruction.
2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment is a potentially hazardous activity. I also understand that fitness activities involve the risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of the dangers involved. I understand this program does not provide any form of medical treatment, nor are its fitness professionals, licensed medical practitioners. I hereby agree to expressly assume and accept any and all risks of injury or death.

Dated this ____ day of _____, 20__
Signature: _____
Name: _____
Address: _____

Phone: _____

Maplewood Boot Camps Audio/Video Release Form

To: Carlos Sanchez, Owner of Maplewood Boot Camps

Yes, I give my permission to have you record, photograph, or videotape and produce a digital medium (CD/DVD/Blog/Website) of my participation in the Maplewood Boot Camps. I consent to your use of my appearance, image and participation, in whole or in part in this camp or other derivative materials based on these recordings/photographs/videotapes and I understand that you intend to use the audio and/or video and/or photographs for educational, promotional and commercial applications. You do not have any obligation whatsoever to use all or any part of my participation in the camp, and you may edit any audio, photographs or visual recording of my participation at your discretion. I understand that you shall have the right to reproduce, distribute prepare derivative works based on my participation, publicly perform and display, advertise and publicize my participating in the Maplewood Boot Camps without compensation to me. In the unlikely event of unresolved differences, these differences will be submitted to the American Arbitration Association for binding arbitration.

IN WITNESS WHEREOF, this release is signed on this _____ day of _____, 200
(day) (month)

Preferred name to use for materials: _____

Legal name: _____

Signature: _____

Complete Address: _____

Phone Day: () _____ Evening: () _____

Fax: () _____ Email: _____