

## **Health Agreement for Bruntwood Fitness Studio Use**

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

Our staff are not medically trained, you should seek independent medical advice before engaging in any physical activity on our premises.

Please complete this PAR-Q questionnaire to the best of your knowledge and belief. You are in good health and not knowingly incapable of engaging in either active or passive exercise and that such exercise would not be detrimental to your health, safety, comfort, well being or physical condition. Further, that you will advise us immediately should your health or vulnerability to injury change.

Bruntwood are not able to offer access to our fitness studios/classes to under 18's. Bruntwood hold the right to deny access to the fitness studio as deemed necessary.

1. Do you have high blood pressure? **YES / NO**
2. 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**
3. Have you ever felt pain in your chest when you do physical exercise? **YES / NO**
4. Is your doctor currently prescribing you drugs or medication to which you should not participate in a physical activity programme? **YES / NO**
5. Have you ever suffered from unusual shortness of breath at rest or with mild exertion? **YES / NO**
6. Do you often feel faint, have spells of severe dizziness or have lost consciousness? **YES / NO**
7. Are you, or is there any possibility that you might be pregnant? **YES / NO**
8. Do you know of any other reason why you should not participate in a physical activity programme? **YES / NO**

**If you answered YES to one or more questions:** Please be aware you may be at higher risk and **MUST** consult a doctor before using this facility.

## Assumption of Risk

I hereby state that I have read, understood and answered honestly the questions above. I confirm that where required I have consulted with my doctor. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily choosing to use the fitness studio at my own risk.

<b>Customer Name:</b>	
<b>Customer Signature:</b>	
<b>Customers Company:</b>	
<b>Customer Telephone Number</b>	
<b>Customer Email Address</b>	
<b>Date:</b>	

*Please complete the form and sign Physical Activity Readiness Questionnaire (PAR-Q) and return to the buildings reception for authorisation. Your email will be used by Bruntwood to keep you up-to-date on activities taking place within your building and our wider portfolio. We shall not supply it to third parties.*

<b>Building:</b>	
<b>Bruntwood Authorizers Name:</b>	
<b>Bruntwood Acceptance Signature:</b>	
<b>Date:</b>	

*This form and information contained within is to be kept confidential and stored within the buildings fitness studio folder*

<b>Form to be Reviewed:</b>	
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*On an annual basis.*

