

Physical Activity Readiness Questionnaire (PARQ Form)

Your Details

Print Name:Date of Birth:.....

Tel:.....Email:

Your Medical History

Please complete the questions below.
All information given is kept strictly confidential.

1	Do you have, or have you ever had, a heart condition, high blood pressure or circulatory problem?	Y/N
2	Is there a history of heart disease in your family?	Y/N
3	Do you ever experience pain in your chest when exercising or at rest?	Y/N
4	Do you ever feel faint or suffer from dizzy spells?	Y/N
5	Do you experience back pain or do you have a bone or joint condition (such as arthritis) that could be exacerbated by physical activity?	Y/N
6	Do you have diabetes?	Y/N
7	Do you have asthma?	Y/N
8	Do you suffer from epilepsy?	Y/N
9	Have you had any surgery or medical procedure in the past year that may affect your physical activity?	Y/N
10	Are you currently taking any prescribed medications?	Y/N
11	Are you aware of any other condition or injury that may give reason to modify your exercise programme?	Y/N
12	For women: Are you pregnant?	Y/N

Please provide additional details if necessary:

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ZUMBA WAIVER STATEMENT

To the best of my knowledge, information and belief, I have no physical restriction which would prohibit my participation in this fitness class provided by the Zumba with Mandy team on behalf of Kinetiq Solutions Ltd. I understand that I am responsible for monitoring my own physical condition throughout the exercise program and should any unusual symptoms occur, I would cease my participation and notify the instructor of the symptoms.

In signing this consent form, I acknowledge that I have read this waiver of liability and fully understand its terms. I agree to accept the risk of such exercise and further agree to not hold Kinetiq Solutions Ltd or the fitness instructors conducting the class liable for any and all claims, suits, losses or related cause of action for personal injuries or damages that may arise from my participation.

SIGNED.....

DATE