



Weights On Wheels BOOTCAMP

Diane David, C.S.C.S., H.F.S.
774-249-1519
diane@weightsonwheels.com

Physical Activity Readiness Questionnaire

Date: _____

Name: _____ Age: _____ DOB: _____ Male / Female

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Best number to call: _____ Secondary Phone: _____

Physician's Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Medical Conditions: Please answer the following questions as honestly as possible.

1. Please check if applicable

Condition	Self		Family		If Yes, Describe
	Yes	No	Yes	No	
Diabetes	___	___	___	___	_____
High Blood Pressure	___	___	___	___	_____
High Cholesterol	___	___	___	___	_____
Smoke / Tobacco use	___	___	___	___	_____
Chest Pain	___	___	___	___	_____
Asthma / Lung problem	___	___	___	___	_____
Arthritis	___	___	___	___	_____
Stroke	___	___	___	___	_____
Heart Attack/CAD	___	___	___	___	_____
Pregnant	___	___	___	___	_____
Other	___	___	___	___	_____
Any surgery in past 12 months	___	___	Type/ Date: _____		_____

2. List any medications you take on a regular basis, include prescription and OTC.

3. Do you have any of the following conditions which may impact your exercise program?

___ Ankle/foot Injury	___ Wrist/hand Injury	___ Knee Injury
___ Back pain or Injury	___ Head/Neck Injury	___ Arm/Elbow injury
___ Hip/pelvic Injury	___ Shoulder Injury	___ Nerve problems

6. Has a physician ever advised you against physical activity? Yes / No

Liability release: Please read and sign below.

I desire to engage voluntarily in the Weights On Wheels exercise program in order to attempt to improve my physical fitness. I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

Also, in consideration for being allowed to participate in the Weights On Wheels exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless Weights On Wheels and Diane David conducting the exercise program from any and all claims, suits, losses, or related causes of action for damages, including but not limited to such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the exercise program. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of Weights On Wheels and Diane David or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise program. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in an exercise program without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I attest that my questions regarding the exercise program have been answered honestly. I understand this form is valid for a maximum of 24 months from the date it is completed and becomes invalid if my condition changes so that I would answer Yes to any of the questions.

Printed Name: _____

Date: _____

Signature: _____

Parent/guardian (if under the age of 18) _____