



## Physical Activity Readiness Questionnaire

Coaching programs by fit-ology often include an element of physical activity; exercise is safe for most people, but some people need to check with their doctors before engaging in vigorous physical activity. These questions are designed to keep you/your child safe, your coach aware of necessary modifications, and your program effective. In your answers, please consider ALL family members who may participate with fit-ology, and for any affirmative answer, note the person/people affected. Common sense and honesty are your best guides in answering these questions.

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? \_\_\_\_\_
- Do you feel pain in your chest when you do physical activity? \_\_\_\_
- In the past month, have you had chest pain when you were not doing physical activity? \_\_\_\_\_
- Do you lose your balance because of dizziness or do you ever lose consciousness? \_\_\_\_\_
- Do you have a bone or joint problem that could be made worse by a change in your physical activity? \_\_\_\_\_
- Is your doctor currently prescribing drugs (even over-the-counter products like diuretics) for your blood pressure or heart

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condition? Are you taking any other products, like weight loss aids, supplements or herbal remedies? \_\_\_\_\_

- Do you know of any other reason why you should avoid any kind of physical activity? \_\_\_\_\_
- Is there any chance you may be pregnant? \_\_\_\_\_
- If pregnant, do you have doctor's clearance to exercise? \_\_\_\_\_

If any family member who will participate in coaching has a positive ('yes') answer to one or more questions, please talk with your doctor BEFORE attempting activities recommended by your coach. Tell the doctor about this physical activity readiness questionnaire (PAR-Q) and which questions you answered yes.

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Signature

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Name (Print)

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Date

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## Informed Consent and Release of Liability

I am voluntarily enrolling in a program of exercise, health education, mindful behavior and dietary counseling that is designed to improve healthy living with ADHD. I will participate in the program design by sharing health information with fit-ology and/or its personnel (meaning its officer(s), instructors and employees).

I agree to be solely responsible for any and all liability costs, damages and expenses incurred by myself and/or my family as a result of injuries that are a direct or indirect result of this program.

I realize that injuries (which may include strains, sprains, muscle tears, miscarriage, death, broken bones, heart attacks and other conditions) may occur despite appropriate planning and instruction, and I agree to accept all risk associated with such injury, holding fit-ology and its personnel harmless and indemnified for all such risk.

If a participating member of my immediate family (including myself) is pregnant, I have notified fit-ology of that condition immediately by having a doctor/caregiver provide written consent to participation in the program. If a participating member of my immediate family is taking any drugs, medicines, herbal remedies or supplements (including either prescription or over-the-counter items) for blood pressure, heart condition or ADHD, I have notified fit-ology; when dosage changes, starts or stops during our coaching program, I will also notify fit-ology.

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If any aspect of health noted here should change, I will notify fit-ology before continuing the program. To protect our health, fit-ology may ask me to provide more information (such as a doctor's note or written consent) before allowing us to continue with the program. If there are already special restrictions to my activity or diet, I have noted them here.

I attest that myself and any participating family members are in good physical condition, are exercising with a healthcare provider's approval, can engage in this vigorous program and have read and fully understand the above. I voluntarily agree to these terms.

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Signature

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Date

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Name (Please Print)

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