



1212D 56<sup>th</sup> Street,  
Tsawwassen, V4L 2A4  
(In the Tsawwassen Shopping Centre)

Studio: 604.948.FITT (3488)  
Fax: 604.948.3481  
E-mail: reception@musclememory.ca

www.musclememory.ca

## Client Information

Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D

Gender: FEMALE MALE Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Class(es) Registered for: \_\_\_\_\_

### Waiver of Liability/Informed Consent

“I, \_\_\_\_\_, have enrolled in a program of strenuous physical activity including, but not limited to, traditional aerobics, weight training, various aerobic conditioning and strength training equipment and a mixture of balance and sports-specific drills by Muscle Memory Personal Training & Fitness Inc. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program/class.”

“In consideration of my participation in Muscle Memory personal Training & Fitness Inc.’s exercise program, I, \_\_\_\_\_, for myself, my heir, and assigns, hereby release Muscle Memory Personal Training & Fitness Inc. (and its employees, contractors and owners), from any claims, demands, and causes of action arising from my participation in the exercise program.”

“I fully understand that I may injure myself as a result of my participation in Muscle Memory Personal Training & Fitness Inc.’s exercise program and I, \_\_\_\_\_, hereby release Muscle Memory Personal Training & Fitness Inc. from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, wrist/elbow/shoulder/neck/hip/knee/lower back/foot injures, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# PAR-Q & YOU

Physical Activity Readiness Questionnaire - PAR-Q (revised 2002)

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to join one of **Muscle Memory's** group classes, please start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the **PAR-Q** will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

We recommend that you talk with your doctor by phone or in person **BEFORE** you start becoming much more physically active or if you answered YES to any of the **PAR-Q** questions. We also advise that you ask your doctor to provide you with exercise guidelines **AND** a medical clearance letter to **Muscle Memory BEFORE** you begin your class.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check **YES** or **NO**.

**YES**    **NO**

- |     |     |   |
|-----|-----|---|
| ___ | ___ | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?     |
| ___ | ___ | 2. Do you feel pain in your chest when you do physical activity?  |
| ___ | ___ | 3. In the past month, have you had chest pain when you were not doing physical activity?  |
| ___ | ___ | 4. Do you lose your balance because of dizziness or do you ever lose consciousness?   |
| ___ | ___ | 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? |
| ___ | ___ | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                    |
| ___ | ___ | 7. Do you know of any other reason why you should not do physical activity? Please list below.  |
| ___ | ___ | 8. Have you been sedentary for the past six months or longer?   |

## → If you answered **YES** to one or more questions

Talk with your doctor by phone or in person **BEFORE** you start your class and tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to participate in the class that you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor and the trainers at **Muscle Memory** to be placed in a class or program which would be more suitable for you.

### **DELAY BECOMING MUCH MORE ACTIVE:**

- if you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- if you are or may be pregnant – talk to your doctor before you start becoming more active.

## → If you answered **NO** to all of the questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- begin your exercise class and start becoming much more physically active – however, please begin slowly and build up gradually. This is the safest and easiest way to go.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_

WITNESS: \_\_\_\_\_  
or GUARDIAN (for participants under the age of majority)

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

**→ Attention Clients: Please Complete and Check**

- In addition to the "PAR-Q & You" form have you also filled out the Client Information & Release of Liability form?
- Have you answered the questions on the PAR-Q truthfully and to the best of your ability?
- Do you have a doctor's note clearing you to exercise if you answered YES to any of the PAR-Q questions? If not, please note that we require a note prior to your class commencing.
- In addition to talking to your doctor have you also talked to a trainer at **Muscle Memory** if you answered YES to any of the PAR-Q questions? This will ensure that you are placed in the appropriate exercise class.

**Office Use Only:**

Were pages 1-3 completed and handed in?	YES	NO
Is this client enrolled in other Muscle Memory programs?	YES	NO
If so, please photocopy and place in the corresponding class files. Completed:	YES	NO
Was there any YES check's on the PAR-Q & You form?	YES	NO
Is there a doctor's note clearing this client to exercise?	YES	NO
Has the trainer been made aware of the YES on the PAR-Q and/or of the doctor's note?	YES	NO
Has the client's e-mail address been entered into our data base?	YES	NO