



Client Information Package

First Name: _____

Last Name: _____

Address: _____

Postal Code: _____ Date: _____

Phone: _____

Email: _____

Occupation: _____

Date of Birth: _____

Emergency Contact: _____

Contact Phone: _____

I consent to receiving emails from Framework Fitness regarding fitness programs.

PAR-Q: Physical Activity Readiness Questionnaire

Please check 'Yes' or 'No' to the following questions.

YES NO

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommend by a doctor?

2. Do you feel pain in your chest when you perform physical activity?

3. In the past month, have you had pains in your chest 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?

8. Are you trying to get pregnant, already pregnant or have given birth in the last 6 months?

If you ticked YES to any of the above, please give specific details below.
(Note that you may be required to get a letter of permission from your doctor to participate in an exercise program.)

Do you take any medications (either prescription or non-prescription) on a regular basis?

- No
- Yes, what is the medication for? How does it affect your ability to exercise?

Client Signature: _____	Date: _____
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FRAMEWORK FITNESS RELEASE AND INDEMNITY

WARNING: THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS, READ IT CAREFULLY! Every participant must read and understand this Waiver and Release of Liability prior to participating in the Program.

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby release, discharge and hold harmless Framework Fitness for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in group fitness training activities and notwithstanding that the same may have been contributed to or occasioned by negligence of the group fitness instructor, personal trainer or their representatives or agents. I understand that photographs or videos may be taken for promotional purposes. I will let the instructor know if I prefer to be excluded.

I, the parent or guardian, on behalf of the above mentioned child, myself, members of my family, my heirs, executors, administrators and assigns, hereby release, discharge and hold harmless Framework Fitness for any injury, loss or damage to my child's person or property howsoever caused, arising out of or in connection with his or her taking part in group fitness training activities and notwithstanding that the same may have been contributed to or occasioned by negligence of the group fitness instructor, personal trainer or their representatives or agents. I understand that photographs or videos may be taken for promotional purposes. I will let the instructor know if I prefer my child to be excluded.

Participant Name	Participant Signature
Signed this _____ day of _____ 2023	Signature of Guardian (if participant is under 19 years old)

Post-natal Health Questions

Please state your delivery date: _____



What type of delivery did you have? _____

Please check 'Yes' or 'No' to the following questions.

YES NO

1. Have you had your post-natal check-up?

2. Was everything satisfactory at your post-natal check-up?

If no, please give details:

3. Are you/were you physically active before pregnancy?

If yes, please give details:

4. Did you participate in physical activity during pregnancy?

If yes, please give details:

Please add any additional comments or concerns:

Client Signature:	Date:
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If you answered, "YES" to one or more of the PAR-Q questions:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES. ^[SEP]



- You may be able to do any activity 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 about the kinds of activities you wish to participate in and follow his/her advice. [L] [SEP]
- Find out which community programs are safe and helpful for you.

If you answered "NO" to all of the PAR-Q questions:

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can: • start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go. [L] [SEP]

- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

You should DELAY becoming much more active if: [L] [SEP]

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

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

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.