

PURE ENERGY FITNESS PAR-Q FORM

Name: _____ Email: _____

Today's Date: _____ Date of Birth: _____

How did you hear about us? _____

Please mark YES or No to the following:

YES NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? _____

Do you frequently have pains in your chest when you perform physical activity? _____

Have you had chest pain when you were not doing physical activity? _____

Do you lose your balance due to dizziness or do you ever lose consciousness? _____

Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? _____

Are you pregnant now or have you given birth within the last 6 months? _____

Have you had a recent surgery? _____

If you have marked YES to any of the above, please elaborate below:

Do you have any chronic illness or physical limitations such as Asthma, diabetes? Yes/No

Do you have any injuries or orthopedic problems such as bursitis, bad knees, back, shoulder, wrist or neck issues? YES/NO Please specify _____

Do you take any medications, either prescription or non-prescription, on a regular basis? Yes/No

What is the medication for? _____

How does this medication affect your ability to exercise or achieve your fitness goals? _____

Lifestyle Related Questions:

1) Do you smoke? YES NO If yes, how many? _____

2) Do you drink alcohol? YES NO If yes, how many glasses per week? _____

3) How many hours do you regularly sleep at night? _____

4) Describe your job: Sedentary Active Physically Demanding

5) Does your job require travel? YES NO

6) On a scale of 1-10, how would you rate your stress level (1=very low 10=very high)? _____

7) List your 3 biggest sources of stress:

a. _____ b. _____ c. _____

8) Is anyone in your family overweight? Mother Father Sibling Grandparent

9) Were you overweight as a child? YES NO If yes, at what age(s)? _____

In case of class cancellation due to weather or sickness, would you like to be notified via our *WhatsApp* group chat? Yes/No

If yes, please provide cell # _____ (your # will never be shared)

PLEASE READ THE FOLLOWING BEFORE ATTENDING ANY CLASS

Your health & safety is our top priority & appreciate your cooperation in that all persons participating take proper precautions to prevent the transmission of COVID-19. Please maintain 6 feet apart at all times.

The best understanding of the present evidence is that COVID-19 can be transmitted by persons who do not exhibit symptoms. There is no guarantee that COVID-19 will not be contracted by participating in class.

There are risks involved with any fitness program including those taught at Pure Energy Fitness. Attending a Pure Energy fitness class may place you in close proximity to others that could increase the risk that you contracting COVID-19 You acknowledge the contagious nature of covid-19 and understand the risk of becoming exposes to or infected by covci-19 at Pure Energy fitness.

By attending PEF, you voluntarily agree, on behalf. of yourself, your heirs, personal representative and/or assigns, and any minor child you may enroll to: assume all of the foregoing risks and accept sole responsibility for, and waive any claims for injury, illness, damage, loss, liability or expenses of any kind (including, but not limited to personal injury, disability, and death): that many occur to you in connection with attendance at PEF in any of their pop up locations. and B) release indemnify and discharge all PEF helpers, employees, members, attendee (the Releasees) from any and all claims or causes of action (known or unknown) which you may have arising out of relating thereto, based on the action, omission, or negligence of the Releasees, whether a covid-19 infection occurs before, during, or after attending a PEF class any of their locations.

We request that you self-screen ***prior to EVERY CLASS*** for possible signs or symptoms of illness to prevent the spread of COVID-19. If you experience ***any*** of the following signs or symptoms, do not attend class:

- Fever (temperature of 37.8°C or greater)
- Chills
- New or worsening cough
- Shortness of breath
- Sore throat
- Difficulty swallowing
- Runny nose (not related to seasonal allergies or other known causes or conditions)
- Stuffy or congested nose (not related to seasonal allergies or other known causes or conditions)
- Lost sense of taste or smell
- Pink eye (conjunctivitis)
- Headache that is unusual or long lasting
- Digestive issues, such as nausea/vomiting, diarrhea, stomach pain
- Muscle aches that are unusual or long lasting
- Extreme tiredness that is unusual (fatigue, lack of energy)
- Falling down often

If you have been in close contact with anyone who's contracted or presumed to have contracted COVID-19 in the past 14 days or have you returned from travel outside of Canada that requires you to self-isolate, stay home. Masks are not mandatory in outdoor spaces so long as you maintain your distance.

I _____ acknowledge that I am practicing voluntarily and release Pure Energy Fitness and any person teaching, supporting and helping, of any liability and affirmation of health.

By attending class, you have not traveled in the last 14 days and do not have any symptoms of Covid-19.

In case of an emergency, please provide a name and number of who we can contact.

Name: _____

Relationship: _____

Cell #: _____

We have a **private page on FB** for members only where important related information is shared. Please ask how you can be invited to this page. **Inactive members will be removed after 6 months. If you wish to remain on, please let us know.**