



PRE EXERCISE QUESTIONNAIRE

First Name:

D.O.B:

Surname:

Phone:

Address:

This form is designed to assess whether you need a medical clearance before you commence an exercise program, join a health & fitness facility or aim to increase your current level of physical activity.

Please read each question carefully and answer them to the best of your knowledge.

1. Has your doctor ever said you have heart trouble or have you ever suffered a stroke? YES NO
2. Do you ever experience unexplained pains in your chest at rest or during physical activity/ exercise? YES NO
3. Do you ever feel faint or have spells of dizziness during physical activity/ exercise that causes you to lose balance? YES NO
4. Have you had an asthma attack requiring immediate medical attention at any time over the past 12 months? YES NO
5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months? YES NO
6. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/ exercise? YES NO
7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/ exercise? YES NO

If you answered YES to any of the above questions we require that you obtain clearance from a GP or health professional prior to undertaking or participating in a fitness activity in our facility.

AN INDUCTION / ORIENTATION IS OFFERED TO ALL PERSONS ABOVE 18YRS

Please sign here if you do not wish to take part in an Induction

Signed

USER DECLARATION & RELEASE OF LIABILITY

I wish to participate in organised gym and weights activities, and/or use gym and weights areas and equipment. I declare that: My membership is current; I am competent to use the Club's equipment; I will not misuse equipment; I will report faulty or damaged equipment; I acknowledge my membership commitment to follow the PCYC Code of Conduct.

I understand I am enrolling in a program of physical activity and use of various conditioning and exercise equipment. I hereby affirm that I am in good physical condition and do not suffer from any medical conditions or have any physical restraints that would prevent or limit my participation in such physical activity. I fully understand that I may suffer injury as a result of my participation and I hereby release the Trainer and The Premises from any and all liability now or in the future, including but not limited to, medical expenses, lost wages, pain and suffering, that may occur by reason of heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, whether occurring during or after my participation in the program or use of the conditioning and exercise equipment and facilities, regardless of fault.

I hereby agree to accept and be legally bound by this agreement. By signing below, I attest, contract, acknowledge, and agree that I am legally bound in consent.

...../...../.....
Signed Date

.....
Witness / Instructor