

<b>Physical Activity Readiness Questionnaire</b>			
<b>Results Focused Fitness Ltd</b>			
First name		Surname	
Address			
Postcode			
Home phone		Mobile	
Email			
Date of Birth			
Read each question carefully and answer all questions on this page. Please circle the appropriate boxes.			
Has a doctor ever said you have a heart condition and recommended medically supervised physical activity?			Yes / No
Do you have chest pain brought on by physical activity			Yes / No
Do you tend to lose consciousness, feel faint or have spells of dizziness?			Yes / No
Has your doctor recommended medication for blood pressure?			Yes / No
Do you have a bone or joint problem (such as arthritis) that could be aggravated by physical activity?			Yes / No
Are you aware, through your own experiences or a doctor's advice, of any other reason against your exercising without medical supervision?			Yes / No
Are you over the age of 65 and not accustomed to vigorous exercise?			Yes / No
Are you, or have you been pregnant in the last 6 months?			Yes / No
Are you diabetic?			Yes / No
Do you suffer from asthma?			Yes / No
<b>If you answered YES to one or more of the questions above, please answer and initial the following</b>			
Have you consulted your physician regarding increasing your physical activity and or performing a fitness assessment?			Yes / No Initial ____
If NO, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment?			Yes / No Initial ____
Please list any medications you are currently taking. Continue overleaf if needed and if so please state this:			

**MEMBERS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF RESULTS FOCUSED FITNESS LTD**

The participant acknowledges that Results Focused Fitness Training includes participation in strenuous physical activities, including but not limited to aerobic movement and weight training. The participant agrees to assume all risk and responsibility involved with participation in these physical activities. The participant affirms that he/she is in good physical condition and does not suffer from any disability that would prevent participation in physical activities. Any disability will be declared to the trainer before activities commence, and alternative exercises discussed. The participant acknowledges that participation will be physically and mentally challenging, and it is their responsibility to seek competent medical or other professional advice regarding any concerns involved with the ability of member to take part in these physical activities. The participant agrees to assume all risks in responsibility for not exceeding his/her physical limits.

We recommend that you seek the advice of a qualified and appropriate medical practitioner prior to commencing our nutrition plans if you think you may, or know you do, suffer from a medical condition, suspect that following our nutritional plans may cause you a medical problem of any kind or in any way whatsoever, or are taking prescription or recreational drugs. While significant improvements both in general health and weight change have been seen by those who've undertaken Results Focused Fitness nutrition plans, it's important to understand that we are not making any claims that our program will treat, or is intended to treat, any medical condition. Should you choose to do so, our nutritional programmes are undertaken entirely by your own choice, under your own free will, and at your own risk, in the full understanding that the dietary advice given is in no way designed individually for you. If you believe that Results Focused Fitness nutrition plans are causing you adverse side effects or is harmful to you in any way whatsoever, discontinue it immediately and seek medical advice. We do not assume any responsibility or liability for any adverse effects or consequences you experience directly or indirectly as a result of following (or not following) the advice or suggestions made in our nutrition plans.

**We need the information given on this form to ensure your safety whilst training with us and we are legally obliged to keep your details on record for a minimum of 3 years. For full details on how we use and manage your data please view our privacy policy at [www.resultsfocuses.fitness/privacy-policy/](http://www.resultsfocuses.fitness/privacy-policy/)**

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_