

**PAR-Q / WAIVER AND RELEASE**

CLIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ SEX: MALE / FEMALE DOB \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY THE FOLLOWING PERSON**

NAME \_\_\_\_\_ RELATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (H) \_\_\_\_\_ PHONE(O/cell) \_\_\_\_\_

**Warning: If you answered YES to ANY questions on the PAR-Q section of this questionnaire, you MUST consult with a physician before you begin your exercise program and Jason Mittelman reserves the right to request written verification from your doctor before you begin your training.**

**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)**

- YES \_\_\_\_\_ NO \_\_\_\_\_ 1) Has your Doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?
- YES \_\_\_\_\_ NO \_\_\_\_\_ 2) Do you feel pain in your chest when you do physical activity?
- YES \_\_\_\_\_ NO \_\_\_\_\_ 3) In the past month, have you had chest pain when you were not doing physical activity?
- YES \_\_\_\_\_ NO \_\_\_\_\_ 4) Do you lose your balance because of dizziness or do you ever lose consciousness?
- YES \_\_\_\_\_ NO \_\_\_\_\_ 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?
- YES \_\_\_\_\_ NO \_\_\_\_\_ 6) Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- YES \_\_\_\_\_ NO \_\_\_\_\_ 7) Do you know of any other reason why you should not do physical activity?

**WAIVER AND RELEASE**

I, the undersigned, hereby (a) give permission for \_\_\_\_\_ (“Participant”), who is my child or ward, to participate in a physical fitness program administered by Jason Mittelman., and (b) on behalf of myself, Participant and any of Participant’s other representatives, heirs, next of kin or assignees (“Participant’s Representatives”):

1. represent that Participant is in good health and is physically capable of participating in an exercise program or one-on-one physical training provided by Jason mittelman., its employees, contractors, trainers, affiliates and/or representatives;
2. represent that you and Participant have been fully warned by Jason Mittelman., that no exercise program should begin without the written consent of a medical doctor;
3. acknowledge and fully understand that Participant’s participation in any exercise program provided by Jason Mittelman is completely voluntary and that you and/or Participant may choose to stop and/or request to alter any program or session at any time;
4. acknowledge and fully understand that Participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from Participant’s own actions, inactions or negligence, but from the actions, inactions or negligence of others, the condition of the premises or of any equipment used and that there may be other risks not known to you or not reasonably foreseeable at this time;
5. assume all the foregoing risks and accept personal responsibility for any and all damages in connection with such injury, permanent disability or death;
6. release, waive and discharge any and all claims of damages for death, personal injury or property damage which you, Participant and Participant’s Representatives may have or may hereafter accrue to you, Participant or Participant’s Representatives as a result of Participant’s participation in the exercise program or otherwise, and which may be asserted by you, Participant or Participant’s Representatives or on your behalf against Jason Mittelman and, if applicable, owners and lessees of premises used in connection with the exercise program (the “Releasees”), whether arising out of the Releasee’s negligence or otherwise; and
7. acknowledge and agree that you and Participant have read and will voluntarily sign this waiver and release.

Participant’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian’s signature: \_\_\_\_\_ Date \_\_\_\_\_  
(if Participant is under 18 years of age)