



The Par-Q is designed to identify the small number of people who should seek medical advice concerning appropriate types and frequency of physical activity before participating in any of the MOC classes.

Please read the following questions carefully and answer honestly.

- | <b>YES</b>               | <b>NO</b>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity?   |

**Please read & sign the Waiver and Release on reverse** →

## Waiver & Release

I, \_\_\_\_\_ HEREBY CERTIFY that I have read and fully understand the registration form, and that I am at least 18 years old.

I HEREBY REQUEST Fit International and Marjorie O'Connor on behalf of Lloyd Sadd Insurance Brokers to permit me to participate in a MOC Class which may include free hand structured and non-structured exercises and the use of equipment and/or weights, **FULLY UNDERSTANDING** that by participating in any such Fitness Class, I am assuming a degree of risk of injury and/or loss to my person, and/or death, and/or loss or damage to property.

IN CONSIDERATION of Fit International and Marjorie O'Connor and Lloyd Sadd Insurance Brokers permitting me to participate in a Fitness Class as aforesaid, I for myself and my heirs, executors, administrators and assigns, HEREBY COVENANT and AGREE to release and discharge, and indemnify and hold harmless Fit International and Marjorie O'Connor, Lloyd Sadd Insurance Brokers, it's agents, employees, and all other persons employed or involved in the MOC Class, including all fitness instructors and assistants, from and against all losses, actions or claims, costs, expenses, and demands in respect of injury, loss, death or damage to my person and property, whether direct or consequential, and howsoever caused.

DATED this \_\_\_\_\_ day of \_\_\_\_\_

Signature \_\_\_\_\_

Name (Print) \_\_\_\_\_

Email \_\_\_\_\_

