



Nordic Walking for Wellness Physical Activity Readiness Questionnaire (PAR-Q)

Please return the completed form before your first class

Name: _____ Height (in cms) : _____

Address; _____

Email : _____ Phone number : _____

*In case of Emergency, please contact :

NAME : _____

MOBILE NO. : _____

Please read carefully the below 10 questions and check each answer YES or NO

		Yes	No
1	Has a doctor ever mentioned that you have a high blood pressure or a heart condition and recommended only a medically supervised sport's activity?		
2	Do you feel chest pain at rest, during the day or when you do a physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you developed chest pain in the past month?	<input type="checkbox"/>	<input type="checkbox"/>
4	Did a doctor ever prescribe for you a medication for blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
5	Do you lose consciousness or your balance and fall over due to dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you been diagnosed with any other chronic medical condition?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you have a joint or bone condition that may be triggered and aggravated by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
8	Has a Doctor ever advised you or are you aware from your own personal experience of any factors that would inhibit you from exercising without any medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are you taking any medications for current allergies?	<input type="checkbox"/>	<input type="checkbox"/>
10	I am aware that my body's reaction to exercise is not completely predictable	<input type="checkbox"/>	<input type="checkbox"/>

Please outline any other relevant information that may affect your ability to exercise.

Known allergies:

Pre-existing medical conditions:

Current medication:

If you answered "Yes" to any of the questions, it is advisable that you check with your doctor before your participating in Nordic Walking activities.

Disclaimer

I the undersigned, have read, understood to my full satisfaction and completed the PARQ questionnaire. I acknowledge that participation in any Nordic Walking is strictly voluntary on my part.

I realize that my body's reaction to exercise is not fully predictable. I will keep you informed of any changes in my health or any medication that might affect my ability to participate in Nordic Walking for Wellness activities. Should I develop a condition that affects my ability to exercise, I will inform my instructor immediately and stop exercising if necessary. I take full responsibility for monitoring my own physical condition at all times.

I accept responsibility for my own health and well-being and I understand and agree that I am solely responsible for any accident, injury or loss that I sustain prior to during or after participating in Nordic Walking.

Furthermore, I confirm that if such accident, loss or injury does occur neither I nor my representatives, agents, estate including but not limited to my heirs, will seek to hold the founder, leaders, committee, and/or other organizers of Nordic Walking for Wellness (NFWF), collectively or individually, responsible or liable in any way.

I agree with Nordic Walking for Wellness (NFWF) terms and conditions.

NAME _____

DATE _____ **SIGNATURE** _____

Thank you for completing this questionnaire. Please return it to me by email at : nordicwalkingforwellness@gmail.com