



FLIGHT

FITNESS - LIFESTYLE - POSSIBILITIES

PARTICIPANT: _____ DATE: _____

HEIGHT: _____ in. WEIGHT: _____ lbs. D.O.B.: _____

GUARDIAN (If Participant is a minor): _____ PHONE: _____

Physical Activity Readiness Questionnaire

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7	Are you aware of any other reason why you should not engage in physical activity?		

*If you have answered "Yes" to one or more of the above questions, consult with your physician **before** engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.*

I, _____, am aware and agree that I or my minor do not have any
(Participant Signature or Guardian's Signature if Participant is a Minor)
conditions of such that could jeopardize my or my minor's life or health from undergoing exercise or other activities. In addition by signing this, I acknowledge that I bear all risks of injury, health, or any type of negligence that may occur as a result of following or engaging in any exercise/health/nutrition materials, activities or information posted, communicated, or sent to me by the organizer, Flight, LLC, or related partners or online/social accounts and property.

Participant or Guardian of Participant Signature and Initial (below):