Physical Activity Readiness Questionnaire (PAR-Q)

Instructor: Liz Vowles

Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact Name & Phone: _____

Date: _____

Health Questions

Please read the questions below carefully and answer **YES or NO**.

1. Has your doctor ever said that 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** during physical activity?
   YES / NO

3. In the past month, have you had **chest pain when not doing physical activity**?
   YES / NO

4. Do you **lose balance because of dizziness**, or have you ever lost consciousness?
   YES / NO

5. Do you have a **bone, joint, or back problem** that could be made worse by physical activity?
   YES / NO

6. Is your doctor currently prescribing **medication for blood pressure or a heart condition**?
   YES / NO

7. Are you **pregnant** or have you given birth within the last 6 months?
   YES / NO

8. Do you have **any injuries, medical conditions, or concerns** that may affect your ability to take part in yoga or Pilates?
   YES / NO

If yes, please give details:

Important Information

If you answered **YES to any of the above questions**, please inform the instructor before participating. You may be advised to seek guidance from a healthcare professional before taking part in physical activity.

All information provided will be treated as **confidential** and used only to help ensure your safety during classes.

Participant Agreement & Liability Waiver

I understand that yoga and Pilates involve **physical movement, stretching, and relaxation techniques** which may carry a risk of injury if performed incorrectly or beyond my personal limits.

I confirm that:

- I am participating **voluntarily** in these classes.
- I will **listen to my body and work within my own limits**.
- I will inform the instructor of **any pain, discomfort, injury, or health changes**.
- I accept that it is **my responsibility to seek medical advice** if I have any concerns about my ability to participate.

To the best of my knowledge, I confirm that the information provided on this form is **accurate and complete**.

I agree that **Liz Vowles will not be held liable for injuries sustained during classes**, except where caused by negligence.

Participant Name: _____

Signature: _____

Date: _____

Please complete this form and return by email to

info@lizvowles.com