

Charity: _____

Physical Activity Readiness Questionnaire/Wavier of Liability

Name (print) _____ Date _____

Work Phone _____ Home Phone _____

Employer _____ Email Address _____

Emergency Contact _____ Phone _____

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

Circle (YES) or (NO). Circling YES to any answer will require you to get a physician's clearance before starting a training program.

Questions- (CIRCLE YES OR NO)
1. Has your doctor ever said that you have had a heart condition <u>and</u> 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 balance because of dizziness or do you ever lose consciousness? YES NO
5. Do you have a bone or joint problem 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 <u>any other reason</u> why you should not do physical activity? YES NO

I have read, understood, and completed the questionnaire. I understand there inherent risks, both environmental and training induced, that may occur while engaging in marathon training. By agreeing to sign this form, I release John Furey from any responsibility.

Signature _____

Date _____