

## MA's Fitness™ "THE LEGAL STUFF (T&C)"

The Law states that the following forms need to be read, signed and completed before commencing any form of physical activity or nutritional assessment:

### 1. Physical Activity readiness questionnaire (PAR-Q) and you (a questionnaire for people age 15-69).

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or 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. Do you know of any other reason why you should not engage in physical activity?		

#### If you answered YES to one or more of the questions:

Consult your doctor BEFORE engaging in physical activity or BEFORE you have a fitness appraisal. Tell your doctor 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.

- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programmes are safe and helpful for you.

#### If you answered NO to one or more of the questions:

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over **144/94**, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

NO CHANGES PERMITTED. YOU ARE ENCOURAGED TO PHOTOCOPY THE PAR-Q BUT ONLY IF YOU USE THE ENTIRE FORM.

**NOTE:** If the PAR-Q is being given to a person before he or she participates in a physical activity programme or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

Full Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_  
or guardian (for participants under the age of majority)

**Note:** This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

## 2. Waiver and Release of Liability

I, \_\_\_\_\_, intending to be legally bound, and recognising the danger involved in physical exercise, do agree as follows:

In consideration for the services rendered by **MA's Fitness™** in the establishment of a personal physical-fitness and nutritional programme for my benefit, I agree to waive any rights, claims, or damages for injuries that may occur as result of my participation in said fitness/nutrition programme.

I agree to disclose any physical limitations, disabilities, ailments, or impairments that may affect my ability to participate in said fitness program.

I understand that **MA's Fitness™** is a personal-training company and not a medical doctor, and that they will, in fact, be relying on my representations and disclosures regarding my health and physical condition.

I also do not hold the aforementioned institutions liable for any personal injuries, bodily injuries, or property damage while going to and from the aforementioned property.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 3. Disclaimer and informed-consent form

Name \_\_\_\_\_ Date \_\_\_\_\_

#### General Statement of Programme Objectives and Procedures:

I, the undersigned, hereby expressly and affirmatively state that I wish to participate in the personal training programmes of **MA's Fitness™**.

I understand that this physical fitness programme includes exercises to build the cardio respiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, rowing machine exercises, group aerobic activity, swimming and other aerobic activities), callisthenic exercises, and weightlifting to improve muscular strength, power and endurance and flexibility exercises to improve joint range of motion.

#### Description of Potential Risks:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of the weightlifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed.

I understand that **MA's Fitness™** shall not be liable for any damages arising from personal injuries sustained by myself while and during the personal training programme.

I understand by using the exercising equipment during the personal training programme I do so at my own risk. I assume full responsibility for any injuries or damages which may occur during training, supervised and unsupervised.

I hereby fully and forever release and discharge **MA's Fitness™**, its assigns and agents from all claims, demands, damages, rights of action, present and future therein.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate.

I state that I have had a recent physical check-up and have my personal physician's and/or doctor's permission to engage in aerobic and/or anaerobic conditioning.

#### Description of Potential Benefits:

I understand that a programme of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in heart disease.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Trainer Signature \_\_\_\_\_ Date \_\_\_\_\_

#### 4. Personal Trainer Programme - Terms and Conditions

You are advised to read, understand and agree to all the information set out in these terms and conditions.

##### The Trainer's Obligations:

- The trainer will use their skills and knowledge to design a safe programme of exercise/nutrition to achieve the client's goals.
- This programme will take into account the client's age, health, lifestyle, occupation, fitness levels, likes and dislikes related to exercise and nutrition.
- The trainer will endeavour to educate, motivate and inspire the client to achieve their goals.
- The trainer will provide advice and support throughout each workout plan or session.
- All clients need to complete and sign all forms before commencing in any exercise and/or nutritional programme.
- Your trainer may require a letter or 'medical clearance' from your doctor depending on your health status.
- Your trainer cannot be held liable in any way for any undeclared or unknown medical conditions.
- If your trainer misses your Personal Trainer session without at least 24 hours notice you will be credited with an additional session on top of the missed session.

##### The Client's Obligations:

- To pay for all programmes in advance.
- To be on time so that a full session can be achieved on each visit, arriving 10 minutes early to warm up and stay 10 minutes after to cool down and stretch.
- The client is required to wear appropriate clothing and footwear. Clothes should be of a loose fitting nature and non-restrictive. Footwear should be comfortable and provide adequate support.
- Commit to the programme and/or sessions to the best of your ability to achieve results.
- If the trainer requires; provide further medical information from doctor.
- Provide all information required to achieve goals and progressions in programme.

##### Session Cancellation Policy:

At least 24 hours of cancellation is required for all appointments.  
Notice of less than 24 hours will incur full payment of the session fee.

##### Re-arranging a Session:

At least 24 hours notice is required to re-arrange a session; this can only be done if the trainer has the availability you need. If the trainer is unable to arrange, the session would either need to be kept or be cancelled.

##### Lateness Policy:

If the client is late for a session, the session cannot be extended and will end at the appointed time. If the trainer is late for a session, additional time will be added to the session.

If the client arrives more than 20 minutes late for a scheduled appointment, the trainer may leave the premises and the client will be charged for a full session. Furthermore, the programme plan will be sent to the client.

**Refund policy:**

**MA's Fitness™ does not offer refunds.** Please ensure you understand your training options prior to making a purchase. If your *training needs* change after a purchase, please contact us immediately to discuss alternative training options.

**Long Term Absences – Injury, Illness and Other:**

These will be dealt with fairly on an individual basis. The Personal Trainer session(s) can be used when you are well and able to do so again. If you are unable to return to the original and/or an amended version of the programme we will put your session on hold until you are healthy again.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Trainer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for choosing MA's Fitness™**