PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Name: Height in cm: Date of birth:

Address:

Postcode:

Email: Mobile number:

Circle or highlight yes or no for each of the questions below. If you answer 'yes', you may need your doctor's consent before participating in Nordic Walking.

1	Has a doctor ever said that you have a heart condition and recommended only medically supervised activity?	Yes / No
2	Do you have chest pain brought on by physical activity?	Yes / No
3	Have you developed chest pain in the past month?	Yes / No
4	Do you lose consciousness or fall over as a result of dizziness?	Yes / No
5	Do you have a bone or joint problem that could be aggravated by physical activity?	Yes / No
6	Has a doctor ever recommended medication for your blood pressure or a heart condition?	Yes / No
7	Are you aware through your own experience or from doctor's advice of any other reason why you should not exercise without medical supervision?	Yes / No

Pre-existing medical conditions, allergies or other medical information relevant to exercise, e.g. diabetes, asthma, etc.:

Medication required to be carried during walk:

I realise that my body's reaction to exercise is not totally predictable. 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 understand that I am taking part in Nordic Walking entirely at my own risk. I accept responsibility for my own health and wellbeing, and I understand that, if in doubt, I must consult my GP or another suitably qualified health professional before participating. Furthermore, I understand that *NordicFit+* does not accept responsibility or liability for any accidents, injury, loss or damage sustained during, or as a consequence of, participation in *NordicFit+* walks or sessions.

I hereby consent to the collection and use of my personal images by photography or video recording. I acknowledge these images may be used for the *NordicFit+* website, newsletters, emails or social media. I understand that my consent can be removed at any time.

NB: *NordicFit+* will treat your details with strict confidentiality and won't pass them on to third parties – except in case of medical emergency.

Signed: Date:

In case of emergency, please contact:
Name: **Phone number:**

How did you hear about Nordic Walking/*NordicFit+*?

Please keep me informed and add me to the *NordicFit+* mailing list   Yes / No