

Physical Activity Readiness Questionnaire

Name: _____ Height: _____ Year of birth: _____

Address: _____

Email: _____ Phone number: _____

Circle yes or no to each of the questions below. If you circle 'yes' you may need your doctor's consent before you participate in any UFitball class:

- 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

Please outline below any other relevant information that might affect your ability to exercise.

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

Medication required to be taken before, during or after class:

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.

Signed: _____ Date: _____

In case of emergency, please contact:

Name: _____ Phone number: _____

How did you hear about UFitBall?

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

Signed: _____

Thank you for helping me, help you to increase your awesomeness!
We will start this journey together and I will be with you every step of the way!

A few things you will need to make the session much better & comfortable:

- PAR Q form - sorry can't let you rock & roll without it and a good discussion of anything that might be of concern
 - Tight, long exercise trousers, such as leggings or cycle trousers. Baggy trousers are just what hungry bum cheeks are looking for!
 - Top can be anything but ladies we will be bending over slightly, so let's keep modesty in mind.
 - Trainers or no trainers. I like to do it in my bare feet, but this is completely up to you. You will not be able to do it with only socks however, so it's either shoes or bare feet *NO SOCK FEET* pls!
 - Choose a non-slip surface and please have a quick check around for anything that might be harmful to yourself or the ball.
 - And of course, **A BALL!** Anyone under 5'5" will need a 55cm ball and those over that will require a 65cm. I do ask that you blow up your ball at least 24 hours before your work out and then a top up before you start as it does stretch and we need a firm ball.
1. Please remember that by participating you are doing so at your own risk;
 2. Please ensure you have a suitable, non-slip floor space is required and any potential obstructions in the vicinity are removed before you participate;
 3. Please avoid activities if you have, or suspect you may have any current health concerns, injuries, aches and pains;
 4. Avoid the use of blades, weapons or sharp instruments of any description;
(Kind of a no brainer but gotta say it!)
 5. Avoid physical contact with other participants and where appropriate, adhere to social distancing guidelines;
 6. Please ensure that you have chosen a session that coincides with your known fitness and health level that is stated on the submitted and signed PAR Q form.
 7. The online sessions will be recorded for insurance reason and will not be posted in line with wishes stated on the PAR Q form. This recording will be retained for a period of up to thirty-six (36) months may assist in any claim made against Uniqi Productions, uniqiproductions.com, uniqiproductions.co.uk, Uniqi Wellness, and Uniqi UFitBall;

I understand and agree with all statements listed above and have adhered to the above statements fully before the commencement of any UFitBall session.

Signed: _____ Date: _____