

## Irvine Running Club

### Physical Activity Readiness Questionnaire (PAR-Q)

Name of runner: \_\_\_\_\_

We need to be aware of your health history and how active you have been recently so that you can run safely. The only person that will have access to your details is the membership secretary.

#### ***Person to contact in case of emergency:***

Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship: \_\_\_\_\_

Are you participating in this running club AGAINST your doctor's advice?

Yes                  No

Please detail in the space below any medical conditions you have which you think the club should know about prior to you taking part.

---

---

#### **Formal declaration**

I declare that I have completed this questionnaire fully and honestly. I will inform the club if there are any changes in my circumstances. I take part in any recommended programme entirely at my own risk and waive any legal recourse for damages to myself, or property, arising from my participation

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

