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Health Questionnaire

CONFIDENTIAL

Please complete the following and return along with your booking form and cheque to:
GirlzRun c/o Maple Lodge, Mayfield Lane, Wadhurst, East Sussex, TN5 6HX

Name

Address

Mobile Email

Emergency contact name and number on the day

Height Weight

1. Have you had any recent injury or illness? If yes, what ?

2. Are you pregnant, recently had a baby or breastfeeding? Provide details...

3. Do you have any medical condition which may affect your participation in this workshop?

4. Are you taking any medication? If so, what and why?

NOTE: If you have any doubts about your suitability to take part in this workshop, please contact your GP for advice before booking.

Disclaimer

- I hereby confirm that I participate in the 'GirlzRun Workshop' completely at my own risk and state that I do not hold the organisers responsible for any injury, loss or accident incurred.
- I accept that I may be running on the highways, pavements and roads and agree to take full responsibility for following the Highway Code when running.
- I also agree that I know not of any medical or physical reason why I should not participate in the 'GirlzRun Workshop' and that I have permission from my GP or doctor to allow me to participate. If I am unsure of my suitability to participate I will gain permission from my GP or doctor. If I develop any new relevant medical or physical condition, I will inform the organisers of this.

Signed



Physical Activity Readiness Questionnaire (PAR-Q)

Please read the following questions carefully and answer each one honestly.

Tick YES or NO.

1 Has your doctor ever said that you have a heart condition and that you should only do physical exercise 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 your 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 your blood pressure or heart condition? **Yes** **No**

7 Do you know of any other reason why you should not do physical activity? **Yes** **No**

If you answer YES to one or more questions, you must check with your doctor before taking part in the GirlzRun workshop.

Signed

Date