



MOVEMENT CREW
 GEMSTONE OFFICE PARK
 136 HENNIE ALBERTS STREET
 BRACKENDOWNS
 0824642632
 info@MOVEMENTCREW.CO.ZA

PAR Q AND CONSENT FORM.

MEMBER DETAILS	
NAME:	SURNAME:
ID NUMBER:	HOME ADDRESS:
CELL NO:	
HOME:	
WORK:	EMAIL:

MEDICAL PROFILE QUESTIONS:

	Yes	No
1. Are you:		
- Male, over the age of 45 years and not accustomed to vigorous exercise? Or		
- Female, over the age of 45 years and not accustomed to vigorous exercise?		
2. Has your doctor ever said that you have:		
- Heart trouble		
- High blood pressure		
- A bone, muscle or joint problem that could be made worse with exercise?		
- Diabetes?		
- Raised cholesterol?		
3. Do you:		
- Have frequent pains in your heart or chest?		
- Often faint or have spells of severe dizziness?		
- Currently smoke?		
4. Know of any physical reason not mentioned here as to why you should not follow an exercise program?		
5. Know of anyone in your family who has had a heart attack, stroke or experienced sudden death prior to the age of 55 years old? ___ father ___ mother ___ brother ___ sister		
6. Have any injuries or had surgery recently?		



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If you answered NO to ALL questions you have reasonable assurance of your present suitability for starting a graded exercise program

If you answered YES to ONE or more questions, exercise will play a major part in helping you reach your goals. We suggest that you:

1. Consult with your personal physician BEFORE increasing your physical activity.
2. seek the services of a qualified personal trainer to help meet your specific needs

MOVEMENT CREW SPORTS AND NUTRITION

TERMS AND CONDITIONS

I agree and acknowledge that Figure 4 will not be liable for death, injury, loss or damage suffered by me and/or the member(s) through or contributed to by any cause whatsoever including but not limited to, any negligent (including gross negligent) act and/or omission or breach of contract on the part of Figure 4, its directors, employees, contractors, independent consultants or other member(s).

Signed at _____ on this _____ day of _____ 20____

CLIENT

Matthew Hurn

If under age, signature of legal guardian: _____