

Contact Details:

Lindie

Cell: 079 522 0444

FB: bodyworx@lindie000

Instagram: lindie000

Email: lindie.theron@gmail.com

Administration

Cost: R480 pm

No refunds are payable for unattended sessions. A session may be redeemed in any other timeslot, at the discretion of the trainer and depending on availability of slots.

All sessions must be booked, and paid for, one month in advance. Fees can be paid via eft, Snapscan or Card before commencement of the first class.

Fees are payable on or before, the 2nd of every month. Should you at any time wish to cease your training sessions with Bodyworx, please notify Bodyworx 7 working days in advance.

Banking detail:

Lindie Du Plooy

FNB Lynnwood Ridge

Cheque Account

Acc. 62793819932

Ref: Name and Surname

Please sms or WhatsApp proof of payment to 079 522 0444

**Please complete the form below and email it back
to: lindie.theron@gmail.com**

PAR-Q & YOU

(Physical Activity Readiness Questionnaire)

For People Aged 15 to 69

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctors before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

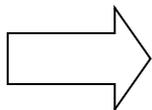
YES NO	<ol style="list-style-type: none">1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?2. Do you feel pain in your chest when you do physical activity?3. In the past month, have you had chest pain when you were not doing physical activity?4. Do you lose your balance because of dizziness or do you ever lose consciousness?5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?7. Do you know of any other reason why you should not do physical activity?
IF YOU ANSWERED YES to one or more questions	
Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answer yes.	
You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.	

NO to all questions

If you answered NO to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming very active.

DELAY BECOMING VERY ACTIVE:



If you are not feeling well because of a temporary illness such as a cold or a fever –wait until you feel better; or

If you are or may be pregnant- talk to your doctor before you start becoming more active.

PLEASE NOTE:

If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

“I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.”

NAME: _____

DATE: _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

INDEMNITY

This form is an important legal document, as it explains the risks you are assuming by beginning an exercise program.

I, _____, have volunteered to participate in a program of physical exercise under the direction of Lindie Du Plooy (Personal Trainer) which will include, but may not be limited to, weight, resistance and cardiovascular exercises. I do here and forever release and discharge and hereby hold harmless Lindie Du Plooy (Personal Trainer) from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

I understand and am aware that strength, flexibility and aerobic exercise is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition that would prevent my participation or use of equipment. I acknowledge that I have either had a physical examination and have been given permission by a medical practitioner to participate, or that I have decided to participate in activity and use equipment without the approval of a medical practitioner and do hereby assume all responsibility for my participation and activities.

I acknowledge that I have thoroughly read this waiver and release and fully understand that it is a release of liability. By signing this document, I am waiving any right my successors or I might have to bring a legal action or assert a claim against Lindie Du Plooy (Personal Trainer).

Participant's Signature _____ Date _____

Witness Signature _____ Date _____

Participant's Full Name _____