

Physical Activity Readiness Questionnaire (PAR-Q)

Name of Jogger: _____

Your Jog Leader needs to be aware of your health history and how active you have been recently so that you can be led through a safe and effective exercise programme. The only people that will have access to your details are your Jog Leader(s) and jogscotland staff.

Person to contact in case of emergency

Name: _____

Home Telephone: _____

Work Telephone: _____

Mobile: _____

Relationship: _____

Are you participating in this activity programme AGAINST your doctor's advice?
Yes No

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

Have you completed your online membership to jogscotland*? Yes No

Note: If you are a new or expectant mother please complete an enhanced PARQ form, available from your Jog Leader or the jogscotland office.

Formal Declaration

I declare that I have completed this questionnaire fully and honestly. I will inform my Jog Leader 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: _____

Jog Leader/ Local Organiser:

Please keep completed PARQs for your own records. All participants must complete the online membership form as well as the PARQ before taking part in a session.