



Broomfield Recreation Services



Request for Weight Room Orientation, Personal Training, Pilates Reformer or Private Yoga
Please circle what service(s) you are looking for.

Date of Request: _____

Name: _____ **Male or Female:** _____ **Age:** _____

Street Address: _____ **City:** _____ **Zip:** _____

Day Phone: _____ **Evening Phone:** _____

Email Address: _____ **Do You Use Email Regularly?** _____

Emergency Contact and Phone Number: _____

Trainer/Instructor Requested: _____

Availability: _____

Goals: _____

CURRENT PHYSICAL ACTIVITY LEVEL:

How many days per week do you spend exercising?	0-1	2-3	4-5	6-7
How many minutes do you spend exercising per workout?	1-15	15-30	30-45	45-60 60+

Do you exercise in a gym or at home? _____

Why do you exercise?

- | | | |
|--|-----------------------------------|-------------------------------|
| I don't | It's good for my health. | It makes me feel good. |
| I'm required to exercise or my doctor told me to. | I'm trying to lose weight. | |

RELEASE AND INDEMNIFICATION AGREEMENT – I understand that participating in any athletic sports program or any physically related activity may be dangerous and involves risk of injury, loss or damage. By signing this agreement, I hereby release the City and County of Broomfield, its employees and its officials, from any and all claims from injury, loss, death or damage that may occur as a result of participation in Recreation Services programs or while using the City and County facilities, whether or not caused by the act, omission, negligence or other fault or the City and County of Broomfield, its officials, its employees, or by any other cause. I further agree to defend, indemnify and hold harmless the City and County of Broomfield, its officials, its employees, insurers and self-insurance pool, from and against all liability claims and demands, court costs, and attorney fees, on account of injury, loss, damage whatsoever.

Participant Signature and Date

Cancellation Policy: Please call 24 hours in advance of your appointment to cancel or reschedule. Personal Training, Yoga & Pilates appointments may be charged 50%.

Initial Here _____



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PAR-Q Physical Activity Readiness Questionnaire

For most people physical activity should not pose any problem or hazard. The physical activity readiness questionnaire has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

YES NO

- _____ _____ 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 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 and have them fill out a Physician Release form (available at the front desk or at www.broomfieldrecreation.com) BEFORE you participate in a personal fitness training or Pilates reformer session. Tell your doctor about the PAR-Q and which questions you answered yes to.

If you answered NO to all the questions...

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

- Start becoming more physically active, begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a personal fitness trainer appointment; this is an excellent way to determine your basic fitness so you can plan the best way for you to live actively.

You should delay becoming more physically active if you are NOT feeling well because of temporary illness such as a cold or a fever OR if you are or may be pregnant please consult your physician before becoming physically active.

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