



Welcome Packet



Congratulations and Welcome to The BREAKTHRU PTFit Program

At BREAKTHRU Physical Therapy & Fitness, we are committed to optimizing the health and wellness of everyone that comes through our doors.

Health and Wellness. These are such personal and unique qualities to each and every one of us. That is why we love the opportunity to create a personalized pathway from rehabilitation to fitness--for you and our community.

Please take a moment to fill out the attached forms to tell us a little bit more about yourself.

You are already one step closer on your path to Discovering Your BREAKTHRU Moment!

Get Healthy, Be Fit, and Have Fun!

In Health,

Team BREAKTHRU



Physical Activity Readiness Questionnaire (PAR-Q)

First Name: _____ Last Name: _____

Health History

Please read each question carefully. Initial in the space provided indicating that you understand what is recommended. Physical activity should not be hazardous for most people. The questions are designed to identify those who should consult a physician prior to beginning a program of physical exercise.

- 1. Has a doctor ever said you have a heart condition and recommended medically supervised physical activity?
2. Do you have chest pain brought on by physical activity?
3. Has your doctor recommended medication for blood pressure?
4. Do you have a bone or joint problem (such as arthritis) that could be aggravated by physical activity?

Explain: _____

- 5. Are you aware, through your own experiences or a doctor's advice, of any other physical reason against your exercising without medical supervision?

Explain: _____

- 6. Are you over the age of 65 and not accustomed to vigorous exercise?

If you answered YES to one or more of the questions above, please answer and initial the following questions:

- 1. Have you consulted your physician regarding increasing your physical activity and/or performing a fitness assessment?
2. If NO, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment?

Circle Initial One

Y N _____

GOAL QUESTIONS

- 1. What is your primary fitness goal?
2. Do you belong to a fitness center? (Please Circle) YES NO
3. Are you on a fitness program?: (Please Circle) YES NO
4. Did you get results? (Please Circle) YES NO
5. Were results permanent? (Please Circle) YES NO
6. What has prevented you from maintaining or achieving your fitness goals in the past? :

RELEASE OF MEDICAL HISTORY AND INFORMATION

I give permission to the BREAKTHRU Fitness Training Staff to view my medical history. I understand it will be used when designing a personalized fitness program appropriate to my needs.

MEMBER SIGNATURE: _____ DATE: _____

**BREAKTHRU Physical Therapy and Fitness
GENERAL FITNESS RELEASE OF LIABILITY**

1. In consideration of being allowed to participate in the activities and programs of this exercise facility and to use its facilities, equipment, machinery, services and products in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge this exercise fitness facility and its owners, partners, officers, agents, employees, representative, executors, sub-contractors, landlords and all others from any and or all responsibilities or liability from injuries or damage resulting from my participation in any activity or my use of the equipment, machinery, products or services that this fitness facility offers. I do also hereby release all of those mentioned and any others acting upon this facility's behalf from any responsibility or liability for any injury, damage or loss to myself, my family or my property, including those caused by the negligent act or omission or any person or persons, business entity, including landlord, and owners agents, partners, sub-contractors, sublease or employees or others acting on their behalf or in any way arising out of or connected with my participation in any activities, equipment, service or products use by myself or my family at this fitness facility.

PLEASE INITIAL _____

2. I understand and am aware that the strength, flexibility and aerobic exercise including the use of equipment, services and products that this facility may offer is a potentially hazardous activity. I also understand that fitness activities, weight loss products and weight loss services involve a risk of injury and even death, and that I am voluntarily participating in these activities and using the equipment, machinery, services and products with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death and agree to hold harmless all parties involved with this facility.

PLEASE INITIAL _____

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to the physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, or utilization or equipment and machinery in my activities.

PLEASE INITIAL _____

4. Member acknowledges that the personal training/fitness assessment hereunder includes the participation in strenuous physical activities, including but not limited to, aerobic movement, weight training, and various nutritional programs offered by BREAKTHRU Physical Therapy & Fitness. Member agrees to assume all risk and responsibility involved with participation in the physical activities. Member affirms that he/she is in capable physical condition and does not suffer from any undisclosed disability that would prevent or limit participation in physical activities. Member acknowledges that participation will be physically and mentally challenging, and member agrees that it is the responsibility of the member to seek competent medical or other professional advice, regarding any concerns involved with the ability of member to take part in BREAKTHRU Physical Therapy & Fitness physical activities. Member agrees to assume all risks in responsibility for not exceeding his/her physical limits.

PLEASE INITIAL _____

X _____
Signature

X _____
Date