

## Sarah's Runners Joining Pack – Confidential

Name	DOB
Email	Emergency Contact & Number
Mobile	
Address	
Recent (within last 12 months) serious illness or surgery? If yes provide details.	
Are you currently pregnant, breastfeeding or had a baby in last 6 months?	
What specific exercise do you <b>currently</b> do each week?	
What is your exercise/sporting history (in general) over last 10 years?	
Do you have any specific goals?	
How did you hear about Sarah & Sarah's Runners?	

Sarah's Runners is an affiliated group of Run England, part of England Athletics. Please tick here if you DON'T wish to receive emails or further information from Run England.

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Please read the following questions carefully and answer each one honestly. Tick YES or NO.

1.	Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical exercise recommended by a doctor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Do you feel pain in your chest when you do physical activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	In the past month, have you had chest pain when you were not doing physical activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Do you have a bone or joint problem that could be made worse by a change in your physical activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Is your doctor currently prescribing drugs for your blood pressure or heart condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Do you know of any other reason why you should not do physical activity?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answer YES to one or more questions, you must check with your doctor before joining the running group or engaging in exercise with Sarah Russell.

### Disclaimer

- I hereby confirm that I participate in 'Sarah's Runners' group or in 1:1 sessions with Sarah Russell completely at my own risk and state that I do not hold Sarah Russell or any of the 'support coaches' or 'running ambassadors' responsible for any injury, loss or accident incurred.
- I accept that I will be running on the highways, pavements and roads and agree to take full responsibility for following the Highway Code when running.
- I agree to wear a reflective vest, armband or similar high visibility clothing to make me visible when running at night or when advised.
- I also agree that I know not of any medical or physical reason why I should not participate in Sarah's Runners and that I have permission from my GP or doctor to allow me to participate. If I am unsure of my suitability to participate I will gain permission from my GP or doctor. If I develop any new relevant medical or physical condition, I will inform Sarah Russell of this.

Signed.....