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| **Informed Consent and Release and Waiver Form (ICRW)** | |
| Name: | Date: |
| Address: | |
| Venue: | Age: |
| Emergency Contact Name: | Emergency Contact Number: |

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| This ICRW should be read and completed carefully and in conjunction with the PAR-Q. You and your dog must not participate in physical activity in connection with FidoFit! (“the Company”) unless you have completed, signed, and actioned (as necessary) both your PAR-Q and ICRW. |
| **Description of physical activity to be undertaken**  I understand that myself and my dog will be taking part in physical activity that may challenge our cardio-respiratory system (heart and lungs), musculoskeletal system (muscle endurance, strength and flexibility) and nervous system.  Physical activity may include but shall not be limited to aerobic and/or anaerobic activities, callisthenic exercises, weight-bearing movements or resistance training exercises with equipment, flexibility exercises and stability exercises.  I agree that if I require further information relating to the nature or intensity of the physical activity we will be undertaking and the possible effect on our bodies, I will seek further advice and by signing this ICRW I confirm that I am satisfied with my understanding of the nature and intensity of the physical activity we will be undertaking.  **Potential Risk**  I understand that the physical activity we are taking part in carries an inherent risk of serious injury, disability, paralysis and possible death and I am electing voluntarily to participate in the physical activity knowing it may be hazardous to me and my property. I voluntarily assume full responsibility for any risks or loss, property damage or personal injury (including death) that may be sustained by me, my dog, or loss or damage to property owned by me, as a result of participation in the physical activity.  I understand that the reaction of the body to physical activity cannot always be predicted with accuracy. I know there is a risk of musculoskeletal strains, pain and injury, and that certain abnormal changes may occur during or following physical activity which may adversely affect blood pressure or cause strokes, heart attacks or even death.  I accept it is my responsibility to make the appropriate people aware of mine and my dog’s medical conditions by completing, signing and (where relevant) updating my PAR-Q. I understand it is my responsibility to recognise when I, or my dog, are experiencing undue discomfort or fatigue and to omit or discontinue the physical activity as necessary.  **Release of liability, waiver of claims and indemnity**  I understand that the Company shall not be liable for any damages to my property, to my dog or me as a result of any personal injury arising from our participation in the physical activity which is undertaken entirely at my own risk.  In consideration of the Company allowing me, and my dog, to participate in the physical activity (which I accept as good and sufficient consideration), I agree:- |

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| 1. | To waive any and all claims that I have or may in the future have against the Company and its directors, employees, representatives, assigns and agents (together referred to as the “Company’s Representatives”) arising out of our participation in the physical activity including but not limited to liability arising from the negligence or fault of the Company or the Company’s Representatives for my death, disability, personal injury, property damage or property theft; |
| 2. | To fully and forever release and discharge the Company and the Company’s Representatives from any and all liability for any loss, damage, right of action, expense or injury including death that I, or my dog, may suffer as a result of our participation in the physical activity due to any cause whatsoever including negligence (other than gross negligence), breach of contract or breach of any statutory or other duty of care on the part of the Company or the Company’s Representatives; |
| 3. | To hold harmless and indemnify the Company and the Company’s Representatives from any and all liability for any property damage or personal injury to any third party, resulting from my acts or omissions whether or not I, or my dog, was participating in physical activity at the time the cause of action arose; |
| 4. | That this ICRW shall not apply in the event of gross negligence on the part of the Company or the Company’s Representatives leading to my personal injury or death but otherwise it shall be construed broadly to provide a release and waiver to the fullest extent permitted by law; |
| 5. | Consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during the physical activity; |
| 6. | I understand that any oral or written representation made by the Company or the Company’s Representatives regarding the safety of the physical activity is overridden by this ICRW; |
| 7. | This ICRW shall be effective and binding on my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death. |

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| This ICRW is governed by the laws of and the exclusive jurisdiction of the courts of England and Wales.  I confirm that I have read and fully understand the terms and effect of this ICRW which is that I am waiving certain legal rights which I or my heirs and those referred to in Paragraph 7 may otherwise have against the Company and the Company’s Representatives. |

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| Name: | Signature: | Date: |

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| **Physical Activity Readiness Questionnaire (PAR-Q)** | |
| Name: | Date: |
| Address: | |
| Venue: | Age: |
| Emergency Contact Name: | Emergency Contact Number: |

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| Prior to participating in physical activity in connection with FidoFit! (“the Company”) you are required to complete this PAR-Q together with the Informed Consent and Release and Waiver Form (‘ICRW’). For most people, physical activity should not pose any problem or hazard, however, potential risks, whilst not apparent at rest, may be exacerbated by an increase in levels of physical activity. The PAR-Q is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should seek medical advice concerning the type of physical activity most suitable for them.  The ICRW should be read in conjunction with this PAR-Q. You must not participate in physical activity in connection with the Company unless you have completed, signed, and actioned (as necessary) both your PAR-Q and ICRW.  Please complete the questionnaire below by reading each question carefully and ticking the response that applies to you. You are wholly responsible for your answers and if you are in any doubt you must seek medical advice. |

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| **Medical Background** |

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| 1. | Has your doctor ever said that you have a bone or joint problem, such as arthritis, or any medical condition, surgical operation or injury that has been aggravated by physical activity or might be made worse with exercise? | Yes |  | No |  |
| 2. | Do you have high blood pressure? | Yes |  | No |  |
| 3. | Do you have low blood pressure? | Yes |  | No |  |
| 4. | Do you have Diabetes Mellitus or any other metabolic disease? | Yes |  | No |  |
| 5. | Has your doctor ever said you have raised cholesterol (serum level above 6.2mmol/L)? | Yes |  | No |  |
| 6. | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | Yes |  | No |  |
| 7. | Have you ever felt pain in your chest when you do physical activity or at rest? | Yes |  | No |  |
| 8. | Is your doctor currently prescribing you drugs or medication? | Yes |  | No |  |
| 9. | Have you ever suffered from unusual shortness of breath at rest or with mild exertion? | Yes |  | No |  |
| 10. | Is there any history of coronary heart disease in your family? | Yes |  | No |  |
| 11. | Do you often feel faint, have spells of severe dizziness or have you ever lost consciousness? | Yes |  | No |  |
| 12. | Do you currently drink more than the average amount of alcohol per week (21 units for men and 14 units for women)? | Yes |  | No |  |
| 13. | Do you suffer from regular headaches, dizziness, fainting or fits? | Yes |  | No |  |
| 14. | Do you NOT currently perform physical activity on a regular basis (at least 3 times a week) and/or work in a job that is physically demanding? | Yes |  | No |  |
| 15. | Are you, or is there any possibility that you might be pregnant? | Yes |  | No |  |
| 16. | Do you know of any other reason why you should not participate in a programme of physical activity? | Yes |  | No |  |
| 17. | Is there any further information you feel FidoFit! should be aware of? | Yes |  | No |  |

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| **If you answered:** |
| ‘Yes’ to one or more questions:  You must consult your doctor before undertaking any physical activity in connection with the Company. You will need to discuss the nature of the physical activity you are about to undertake and either present your PAR-Q or tell your doctor which questions you answered ‘yes’ to. Your doctor needs to advise you as to your suitability for unrestricted physical activity.‘No’ to all questions: You acknowledge that you are taking responsibility for the accuracy of your replies and the decision that you are physically fit enough for unrestricted physical activity. |
| By signing this PAR-Q I undertake that I have read, understood and correctly answered the questions set out above. I wish to participate in physical activities that may include but shall not be limited to aerobic, anaerobic, flexibility, stability, resistance, muscular strength and endurance exercise. I realise that my participation in these physical activities involves the risk of injury and even the possibility of death. I confirm I am voluntarily engaging in a level of physical activity that I consider acceptable and appropriate to my level of fitness and overall health. If I have answered ‘yes’ to any of the questions above, by signing this form I am also confirming that I have taken medical advice relating to my participation and my doctor has confirmed I am fit enough to participate. |

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| Name: | Signature: | Date: |

**Upon completion, please email the form to** [**enquiries@fidofitdorset.co.uk**](mailto:enquiries@fidofitdorset.co.uk)**.**

**Thank you.**