2025 SUSO B&F;

Physical Activity Readiness Questionnaire (PAR-Q)

Show Up Show Out Boxing & Fitness LLC

Breaking Cycles, Building Champions

2025

Participant Information

• Full Name: _____
• Date of Birth: _____
• Address: _____
• City / State / Zip: _____
• Phone Number: _____
• Email Address: _____

Standard PAR-Q Questions

■ Yes ■ No Has your doctor ever said you have a heart condition and should only do physical activity recommended by a doctor?
■ Yes ■ No Do you feel pain in your chest when you do physical activity?
■ Yes ■ No In the past month, have you had chest pain when not doing physical activity?
■ Yes ■ No Do you lose balance from dizziness or lose consciousness?
■ Yes ■ No Do you have a bone / joint problem that could worsen with activity?
■ Yes ■ No Is your doctor prescribing medication for blood pressure / heart condition?
■ Yes ■ No Do you know of any other reason you should not participate in physical activity?

If you answered YES to any question, please consult your physician before participating.

Emergency & Medical Information

• Emergency Contact Name: _____
• Relationship: _____
• Phone Number: _____
• Physician Name / Clinic: _____
• Physician Phone: _____
• Medical Conditions / Medications: _____

Participant Consent & Acknowledgment

I acknowledge that I have answered the above questions honestly and understand that physical activity involves inherent risks. I agree to participate voluntarily and release Show Up Show Out Boxing & Fitness LLC, its staff, and affiliates from any liability arising from participation. I understand it is my responsibility to inform the facility of any medical changes.

Signature Block

Participant Signature:	_____	**Date:**	_____
Parent / Guardian Signature (if minor):	_____	**Date:**	_____