



Exercise Readiness Questionnaire & Medical Form Waiver
For Participation in the
Surf, Yoga & Fitness RetreatSM January 19 – January 26, 2019

First Name: _____ Last Name: _____

Date of Birth: _____ Contact number: _____ Email: _____

Regular exercise is associated with many health benefits. Increasing physical activity is safe for most people. However, some individuals should check with a physician before they become more physically active. Completion of this questionnaire is to determine if you need to consult with your physician about participation in the activities included in the LOTUS Fitness Retreats LLC. Surf, Yoga & Fitness RetreatSM. Please read each question carefully and answer every question honestly:

Yes	No	1) Has a physician ever diagnosed you with a heart condition and indicated you should restrict your physical activity?
Yes	No	2) When you perform physical activity, do you feel pain in your chest?
Yes	No	3) When not engaging in physical activity, have you experienced chest pain in the past month?
Yes	No	4) Do you ever faint or get dizzy and lose your balance?
Yes	No	5) Do you have an injury or orthopedic condition (such as a back, hip, or knee problem) that may worsen due to a change in your physical activity?
Yes	No	6) Do you have high blood pressure or a heart condition for which a physician is currently prescribing medication?
Yes	No	7) Are you pregnant?
Yes	No	8) Do you have insulin dependent diabetes?
Yes	No	9) Are you 69 years of age or older and not used to being very active?
Yes	No	10) Do you know of any other reason you should not exercise or increase your physical activity?

If you answered yes to any of the above questions, talk with your doctor before you become more physically active. Tell your doctor your plan to travel on the Surf, Yoga & Fitness RetreatSM which will include exercise and to which questions you answered yes above.

If you honestly answered no to all questions you can be reasonably certain you can safely participate in the activities scheduled as part of the Surf, Yoga & Fitness RetreatSM. If your health changes so that you would answer yes to any of the above questions, seek guidance from a physician.

Participant's Signature: _____

Date: _____

Emergency Contact: _____

Phone Number: _____

