

**Physical Activity Readiness Questionnaire (Par-Q) and
Disclaimer - Vicci Phillips 'Release, Reset & Recharge' retreat**

If you are unsure that you are in sound physical condition to undertake physical activity, you should consult with your doctor prior to participating. By completing the questionnaire below, you are agreeing to willingly take part in physical activity with Vicci Phillips. If you answer **YES** to any of the questions you must consult your doctor to ensure that it is safe for you to start an exercise programme with us. If you answer **NO** to all of the questions then we can be reasonably confident that it is safe for you to undertake an exercise programme with us.

Name:	Address:
DOB:	Email:
Phone Numbers:	Emergency Contact:

	<u>YES</u>	<u>NO</u>
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
When you do any physical activity, do you feel pain in your chest?		
Have you ever felt faint or had spells of dizziness?		
Do you have any bone or joint problems that could be made worse by a change in your physical activity?		
Do you or have you ever suffered from high blood pressure?		
Are you currently on any medication that could affect your health by a change in your physical activity?		
Are you pregnant, or have you had a baby in the last 6 months?		
Do you know of any reason why you should not exercise or increase your physical activity?		
If you answered Yes to any of the above, please give details below. Please feel free to use the back of this page or an additional piece of paper.		

Par-Q

I have completed the above questionnaire honestly and to the best of my knowledge. I accept that I undertake any activities with Vicci Phillips or anyone representing Vicci Phillips at my own risk. If I have answered yes to any of the questions, I have consulted my doctor and gained their agreement to me undertaking a physical activity programme. If my health changes at any time so that I would answer yes to any of the above, then I will cease exercising and consult my doctor.

Signed: **Date:**

Disclaimer

I, the undersigned, being aware of my own health and physical condition and having knowledge that my participation in any exercise programme may be hazardous to my health, am voluntarily participating in. Having such knowledge, I hereby release Vicci Phillips and anyone representing Vicci Phillips from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in the said programme. I accept full responsibility for my own health and safety and agree to disclose any physical limitations, disabilities, ailments or impairments which may affect my ability to participate in said programme.

Signed: **Name:** **Date:**



'Release, Rest & Recharge' Women's Retreat, Greece hosted by Vicci Phillips

I, the undersigned have voluntarily signed up to the above mentioned retreat to take place in May and/or September and /or October 2025 in Stoupa, Greece. In consideration of the host allowing me to participate, I agree to this release of claims, waiver liability and assumption of risks. I hereby waive any and all claims I may have now or in the future. I release the host, Vicci Phillips, and Grit & Grace for any personal injury, illness, death, property damage or loss of any nature suffered by me as a result of participating in the retreat and any activity on the retreat. I release from liability Vicci Phillips for any cause whatsoever including those arising out of, or in any way connected to or occasioned by the negligence of the releasees.

I, the undersigned am aware that there are significant risks involved in physical activity, including but not limited to, the physical training inherent to all exercise activities, and my participation in any such activities carries with it the potential for injury, death and / or property damage. The risks include but are not limited too: falls, negligence on the part of myself or other people around me. Injury, loss or death caused by terrain, facilities, equipment, temperature, weather, traffic, lack of hydration, I will-ingly assume full responsibility for the risks I am exposing myself too and accept full responsibility for any injury, illness or death that may result from participating.

I acknowledge that I am willingly participating in these activities and that I have assumed all risks as described above. In consideration for my being allowed to participate in the activities offered, I, the undersigned hereby release The Host, teachers, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. I also give full permission for any person connected with the host or a fellow retreator to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care.

I, the undersigned agree that prior to the retreat commencement, I will take out an appropriate level of personal travel insurance which covers me for any injuries, illness, loss or damage, theft, cancellations and repatriation.

Signed:

Name:

Date: