

# Health Questionnaire



# Liability Waiver

PLEASE COMPLETE IN BLOCK CAPITALS

Full name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Tel \_\_\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Where did you hear about us?  
Which park are you interested in?  
Emergency contact details  
Name \_\_\_\_\_ Tel \_\_\_\_\_  
Relationship to you \_\_\_\_\_

Please answer the following questions and sign below

Has your doctor ever indicated you have a heart condition or high blood pressure? No  Yes

Do you or have you ever-experienced chest pains brought on by physical activity? No  Yes

Have you ever lost consciousness or fallen over as a result of dizziness? No  Yes

Do you have a bone or joint problem that can be aggravated by physical activity? No  Yes

Are you on any medication that could affect your body's response to exercise? No  Yes

Are you diabetic, Epileptic or Asthmatic? No  Yes

Females only: Are you pregnant or have given birth in the last three months? No  Yes

Do you suffer from any allergies? No  Yes

Are there any other reasons known to you, including a doctor's advice, that may prohibit you from exercising safely? No  Yes

How would you rate your current fitness level?  
 Very Fit     Fit     Average     Unfit     Not at all

In consideration of being allowed to participate in the activities and programmes of ProActive Fitness, and to use the facilities and equipment owned and/or under the control of ProActive Fitness, in addition to the payment of any fee or charge, I do hereby waive, release and therefore discharge ProActive Fitness from any and all responsibility or liability for injuries or damage resulting from my participation in any activities or my use of equipment or facilities in the above mentioned activities.

I understand and I am aware that strength, flexibility and aerobic exercise including the use of equipment, in the outdoors, are potentially hazardous activities. I also understand that exercise and fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and use of equipment and facilities with the knowledge of the dangers involved. I hereby agree to expressly assume and accept all and any risks of injury and death.

I am aware that I have the right to request advice from any of the ProActive Fitness staff, at any time, in relation to the activities and exercise being undertaken and, but not exclusively, their suitability for me, with particular regard to my health and clothing. If I choose not to take the advice, or to disregard any advice so given, I do so voluntarily and accept liability for all resulting injuries or damage.

I do hereby declare myself to be physically sound and suffering from no impairment, disease or infirmity or other illness (other than those stated) that would prevent my participation or the use of equipment or facilities except as herein stated. I acknowledge that I have either had a physical examination and have been given my doctor's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my doctor and do hereby assume all responsibility for my participation and activities and utilisation of equipment and machinery in my activities.

Each session will last 60 minutes. If the session starts late for whatever reason and there is another group immediately following, then the session will have to finish on time. Otherwise, up to 15 minutes late the session can be completed. In order for a session to be rescheduled, 24 hours notice or more must be given. Anything less will result in the session being lost.

All pre paid sessions will be non-refundable and will expire 16 weeks from the date of booking. One month's notice must be paid in full before cancellation. One month's cancellation notice is required of Standing Orders.

Photos and videos may be taken during any session for promotional purposes. I acknowledge that ProActive Fitness cannot accept responsibility for valuables left in the instructor's vehicle.

Signature \_\_\_\_\_ Date    /    /

Print name (BLOCK CAPITALS)

Please bring to your first session

*We look forward to seeing you in the park!*

If you have answered yes to any question then we advise you to consult your doctor before beginning any physical activity. If you choose to exercise, you exercise at your own risk.