

Personal Details & Health Questionnaire Informed Consent

Name Telephone

Address Email

Post Code

Profession Date of Birth

Emergency Contact details Telephone

Please answer the following questions so you can exercise safely and maximise your potential. If you have any doubts on your suitability to exercise, consult your GP.

Height Weight

Sports Hobbies

Do you have any problems with the following ?

Heart Breathing High Blood Pressure Low Blood pressure

Diabetes Spinal Problems (eg. disc, low back pain, etc.)

Joints Other

Please give details

Have you had surgery in the past 3 years?

If yes, please give details

Are there any movements that cause you pain? (Please give details)

Are you taking regular medication? (eg. pain killers, steroids, etc.)

What is your current exercise programme?

What are you hoping to achieve from this workshop ?

Please advise the instructor if for any reason your ability to exercise changes.

It is important that you exercise to you own ability and comfort.

You understand that at any time you feel pain, fatigue, discomfort or light-headedness during the session, you will immediately stop the exercise and inform the teacher.

Whilst every care will be taken, there does exist the possibility of certain dangers when exercising and it is impossible to predict the exact response to exercise. Every effort will be made to minimise risk by evaluation of the health information you give in this questionnaire and by observation during exercising.

You understand that it is your responsibility to follow the teacher's instructions in order to exercise safely. You will listen to your body and rest when needed.

Please let the leader know if you feel unwell at any point within session.

The instructor can accept no liability for personal injury related to participation in a Workshop if:-

- 1) your doctor has, on health grounds, advised you against such exercise.
- 2) you fail to observe instructions on safety of an exercise.
- 3) injury is caused by the negligence of another participant in the Workshop.

Declaration:

I have answered these questions to the best of my belief and will update the teacher of any changes in my health, including if I become pregnant.

By my signature below, I agree to this policy and client agreement.

Signature

Date

Your privacy is important to us and this form is confidential and stored as such. It is read and updated by your teacher. Under the Data Protection Regulation we require your consent to contact you. We invite you to opt in to being contacted about the courses you have booked, future courses and make up Workshops or issues relating to your Workshops by signing above. We will treat your personal information with care and confidentiality in, line with UK Data Protection laws. We do not share your information with 3rd parties without your permission. You can change your preference at any time by contacting us.