



## Informed Consent Form

I ..... (Participants Name) understand that the fitness and exercise training provided by ..... (RollerFitness Instructors Name) is intended to enhance my physical & mental wellbeing through roller skating, cardiovascular endurance, muscle strength and flexibility.

The general benefits of roller skating fitness and exercise training, possible injuries or contraindications have been explained to me.

I understand that any type of fitness & / or exercise is not a substitute for medical treatment or medications, and that it is recommended that I concurrently see my GP for any condition(s) that I may have currently or will have in the future.

I have informed my RollerFitness instructor of all my known physical conditions, medical conditions and medications, and I will keep the them updated on any changes.

I understand that neither RollerFitness Ltd nor my Instructor (RollerFitness Instructor Name) ..... Is responsible for the aggravation of any conditions that were present but not disclosed at the time or any that may follow.

Date: ..... / ..... / .....

Participants Signature:

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Date: ..... / ..... / .....

RollerFitness Instructor Signature:

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Additional Comments:

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