

[Insert Company Logo]

**Physical Activity Readiness Questionnaire
&
Liability Waiver (Informed Consent)**

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS:

Which Venue?		Which City?	
First Name:		Surname:	
Address:			
Postcode:		Email:	
Date of Birth:		Occupation:	
Tel (Home):		Tel (Mobile):	
In Case of Emergency (ICE): Contact Name & Tel:			
Company (needed for corporate membership):			
Where did you hear about us?			

PLEASE ANSWER THE FOLLOWING QUESTIONS AND SIGN OVERLEAF:	YES	NO
1. Has your medical professional ever said you have heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had pains in your chest?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you often feel faint or have spells of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has a medical professional said your blood pressure is too high?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a medical professional said that you might have bone or joint problems, such as arthritis, that has been aggravated by exercise or might be made worse with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been in hospital in the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you Pre/Post-natal?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you suffer from asthma or breathing difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you suffer from diabetes or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you suffer from an allergy?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you currently taking any medication? If 'Yes' what medication do you take?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there a good physical reason not mentioned here why you should not follow an activity programme?	<input type="checkbox"/>	<input type="checkbox"/>

How would you describe your current level of fitness? Very Fit <input type="checkbox"/> Fit <input type="checkbox"/> Average <input type="checkbox"/> Unfit <input type="checkbox"/> None at All <input type="checkbox"/>	If you have answered 'YES' to one or more questions: 1. If you have not recently done so, consult with your medical professional before increasing your level of physical activity and present this form to your medical professional and/or 2. If in any doubt, seek your medical professional's advice as to your suitability for unrestricted physical activity that progresses gradually.
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[Company Slogan]	Company Name: Address Line 1, Address line 2. Tel: 0000 000 0000; Company No.: 1234567
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[Insert Company Logo]

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Liability Waiver (Informed Consent)**

LIABILITY WAIVER (INFORMED CONSENT)

In consideration of being allowed to participate in the activities and programmes of [Company Name] and to use the facilities and equipment owned and/or under the control of [Company Name], in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge [Company Name] from any and all responsibility or liability for injuries or damages 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 using equipment and facilities with the knowledge of the dangers involved. I hereby agree to expressly assume and accept all and any risks of injury or death.

I am aware that I have the right to request advice from any of the [Company Name] 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 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 condition, impairment, disease or infirmity or other illness (other than those declared on the attached medical questionnaire) that would prevent my participation or use of equipment or facilities except as herein stated. I acknowledge that I have either had a physical examination and have been given my medical professional's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my medical professional and do hereby assume all responsibility for my participation and activities, and utilisation of equipment and machinery in my activities. In addition [Company Name] cannot accept responsibility for valuables left in instructor's vehicles.

Client Name:	_____	Client Signature: _____	Date: _____
Instructor Name:	_____	Instructor Signature: _____	Date _____

Please bring this form along with you to your first free session. We look forward to you joining us in the venue.

[Company Slogan]

Company Name: Address Line 1,
Address line 2.
Tel: 0000 000 0000; **Company No.:** 1234567