

The Studio Norfolk
Ingworth
Norfolk
NR11 6AE

Health Disclosure/Informed Consent

The Studio Warwick
21 Old Square
Warwick
CV34 4RU

Name:

Date:

Email Address:

Tel No:

Emergency Contact:

Your age range: 21-39 40-55 56-65 66-79 80+

Has any health professional ever said that you should not take part in group exercise?

Do you have any conditions which may affect your ability to exercise? Yes/No

If yes, please describe below:

Please circle below if you have any of the following:

1. Arthritis
2. Osteoporosis:
3. Heart Condition/Angina
4. High/Low Blood Pressure/Fainting/Dizziness
5. Epilepsy/Schizophrenia/Diabetes
6. Please note current medication

Would you be happy for us to contact your doctor for advice regarding your exercise programme? Yes/No

Informed consent: In making this booking I consent to take part in this class at my own risk. If I have any known health problems I will discuss them with my instructor. If she offers any reason for not joining in this exercise programme I will adhere to her recommendations. I understand that the risks of undertaking physical activity and exercise may include disorders of heartbeats, abnormal blood pressure response, and, very rarely, a heart attack or death. I further understand that selection and supervision of exercise is a matter of professional judgement. I understand that I can withdraw my consent or discontinue participation in any aspect of the fitness programme at any time without penalty or prejudice toward me. I have read the statement above and have had all of my questions answered to my satisfaction.

Signature

Date

Details for payment by direct bank transfers: Sort Code: 56-00-34 Acc: 09029346