

Everfit By Louise PAR Q Form & Liability Waiver (Informed Consent)

SESSION:

Full Name: _____ D.O.B: _____

Address: _____

Email: _____ Mobile: _____

Occupation: _____ Doctor: _____

In Case of Emergency: Contact Name & Tel: _____

Where did you hear about me? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- | | | |
|--|------------|----|
| 1. Has your medical professional ever said you have heart trouble? | YES | NO |
| 2. Have you ever had pains in your chest? | YES | NO |
| 3. Do you often feel faint or have spells of dizziness? | YES | NO |
| 4. Is your blood pressure? NORMAL TOO HIGH TOO LOW | CONTROLLED | |
| 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? | YES | NO |
| 6. Have you been in hospital in the last 3 years? | YES | NO |
| 7. Are you Pre/Post-natal? | YES | NO |
| 8. Do you suffer from asthma or breathing difficulties? | YES | NO |
| 9. Do you suffer from diabetes or epilepsy? | YES | NO |
| 10. Do you suffer from an allergy? | YES | NO |
| 11. Are you currently taking any medication? | YES | NO |
- If 'Yes' what medication do you take?
- _____

12. Is there a good physical reason not mentioned here that may restrict your exercise?

How would you describe your current level of fitness?

Very Fit Fit Average Unfit None at All

Do you do regular exercise?

Type & Frequency _____

What are your desired outcomes in relation to attending exercise classes?

Would you like to subscribe to the Everfit by Louise fortnightly e-newsletter? YES NO

Signed: _____ Date: _____

Personal information obtained in this document will be treated with the strictest of confidence and will not be disclosed for any other reason than in a medical emergency.

LIABILITY WAIVER (INFORMED CONSENT)

In consideration of being allowed to participate in the activities and programmes of Everfit by Louise and to use the facilities and equipment owned and/or under the control of Everfit by Louise, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Everfit by Louise 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 Louise Morris (Everfit by Louise - director), 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 Everfit by Louise cannot accept responsibility for valuables left in instructor's vehicles.

Date:

Client Name:

Client Signature:

Instructor Name: Louise Joy Morris

Instructor Signature:

I look forward to you joining us.

