



Pre-exercise form

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

GP name and contact number: \_\_\_\_\_

**Medical Disclaimer:**

For and in consideration of Samantha Williams & Kerry Barrett (Angel Fit), permitting the participant in the exercise session, participant, by signing below, hereby voluntarily indemnifies, releases from liability and holds harmless for any accident, injury, illness, death, loss, damage to person or property, or other consequences suffered by participants participation in the activity.

The participant is aware of the potential dangers incidental to engaging in the activity, that is a release of liability in the event of injury, illness, death, or property damage and the participant signs of their own free will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Social Media and advertising:**

I, the undersigned, hereby grant permission to Kerry and Samantha (Angel Fit) to photograph and/or record me and to use this material in a whole or in part, to promote their classes with Angel Fit, I understand that material will remain the property of Angel Fit and will only be used on Angel Fit official Facebook Pages, Instagram, websites, Flyers and posters. I will always be notified in advance of this and I can withdraw permission at anytime.

Print Name: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

**PTO...**

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

If you tick any of the 'yes' boxes below you will be advised not take part in the class until you have had medical advice from your GP.

Please tick the relevant boxes:

		YES	NO
1	Has your doctor ever said that you have a heart condition and recommended only medical supervised activity?		
2	Do you ever have chest pain brought on by physical activity?		
3	Have you developed chest pain in the last month?		
4	Do you tend to lose consciousness or fall over as a result from dizziness?		
5	Do you have a bone or joint problem that could be aggravated by the proposed physical activity?		
6	Has a doctor ever recommended medication for your blood pressure or a heart condition?		
7	Are you aware, through your own experience, or from your doctor's advice, of any other physical reason why you should not exercise without medical supervision?		
8	Are you currently, or have you been pregnant in the last six months		

The instructor is NOT a medical specialist and therefore if you have any concerns about your health or participation in the class you should seek professional medical advice.

I confirm that I understand that my instructor will NOT make decisions on my participation on my behalf and if I have had any issues in the past, I know when to seek medical advice and when not to attend the class.

I confirm that if my circumstances change, I will keep Samantha Williams & Kerry Barrett (Angel Fit) informed of any changes in my health and provide a doctor's consent if applicable to participate in the class.

I confirm that I participate at my own risk and as outlined overleaf.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_