



INFORMED CONSENT FOR TAKING PART IN PHYSICAL ACTIVITY

CLIENT INFORMATION

NAME: DATE:

DATE OF BIRTH:

ADDRESS:

TEL: EMAIL:

DOCTOR'S SURGERY / NAME:

DOCTOR'S TELEPHONE:

DOCTOR'S ADDRESS:

EMERGENCY CONTACT NAME & RELATIONSHIP TO CLIENT/CHILD:

EMERGENCY CONTACT TELEPHONE NO.:

The purpose of an exercise programme is to help you to achieve health and fitness goals. Your programme will be based upon your present activity/exercise levels and the goals that you wish to achieve. You will experience some feelings of exertion during each activity session and will become hot and uncomfortable at times. Your breathing and heart rate will increase as a result of these activities as would be expected from physical exercise of this type. As your fitness improves, you will participate in more vigorous levels of activity, if this is part of your goal, but these should remain within your capabilities. All activities will be explained and demonstrated to you but please feel free to ask questions about anything you wish.

Any exercise programme carries with it an element of risk. Your sessions are designed to minimise the risks whilst providing an effective exercise/activity programme. Please inform your trainer if , for any reason (such

as illness or injury which might be aggravated by exercise, or eating certain foods), you should not participate in an activity.

During your sessions with your trainer present you will be closely supervised. During your sessions where your trainer is not present, you will be responsible for your own safety. If, at any time, you feel undue pain or excessive discomfort stop the activity and inform your trainer of your symptoms.

YOU ARE FREE TO WITHDRAW FROM ANY ACTIVITY AT ANY TIME YOU WISH.

I have read, understood and completed the PAR-Q. All questions have been answered to the best of my knowledge. I agree to take part in the programme described to me by my trainer. The nature, purpose, risks and benefits have been explained to me and I understand what is required of me and that I may withdraw at any time.

Payment & cancellation policy

Payments are to be made before or directly after the session and can be made either by CASH or BANK TRANSFER payable to:

APOCALYPSE FITNESS LIMITED

24 hour notice of cancellation is required otherwise full payment will be incurred.

I accept the Terms & Conditions regarding payment and cancellation.

CLIENT NAME:

CLIENT SIGNATURE:

DATE:

TRAINER NAME:

TRAINER SIGNATURE:

DATE:

APOCALYPSE FITNESS LIMITED

COMPANY NUMBER: 12821806

TRAINER: TERRI HOULTON

EMAIL: terri@apocalypsefitness.co.uk

WEBSITE: WWW.APOCALYPSEFITNESS.CO.UK

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