



Contact Details

Forename			
Surname			
Date of Birth			
Address			
Post Code			
Telephone (Home)			
Telephone (Mobile)			
Email	@		
Occupation			

Health Questionnaire

No	Question	Yes	No
1	Has your doctor ever said you have heart trouble?		
2	Have you ever had pains in your chest?		
3	Do you often feel faint or spells of dizziness?		
4	Do you have high blood pressure?		
5	Do you suffer from bone or joint problems?		
6	Have you been in hospital in the last 3 years?		
7	Are you currently taking any medications?		
8	Are you pre/post natal?		
9	Do you suffer from breathing difficulties?		
10	Are you diabetic or epileptic?		
11	Do you have any allergies?		
12	Do you smoke?		
13	Do you have any medical problems not mentioned here that will effect your ability to exercise?		

If you have answered 'Yes' to one or more questions.....

If you have not recently done so, please consult your doctor before increasing your physical activity and tell them which questions you answered yes to. If in any doubt, seek your doctor's advice as to your suitability for unrestricted physical activity that progresses gradually.

Current Fitness Levels

How would you describe your current fitness levels? (Please tick)

Very Fit	
Fit	
Average	
Unfit	
None at all	

Informed Consent-Liability Waiver

In consideration of being allowed to participate in the activities and programmes of The Outdoor Fitness Company and to use the facilities and equipment owned and/or under the control of The Outdoor Fitness Company, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge The Outdoor Fitness Company 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 Outdoor Fitness Company 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 doctors permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my doctor and do hereby assume all responsibility for my participation and activities, and utilisation of equipment and machinery in my activities.

In addition The Outdoor Fitness Company cannot accept responsibility for valuables left in the instructor's vehicles.

Where did you hear about us?	
Signature	
Date	
Print name	

Tel : 0191 2413738
Mob : 07900918938
E : info@getfitoutside.co.uk

www.getfitoutside.co.uk