

Gym and Fitness Disclaimer

	Member 1		Member 2	
1 Has Your GP ever told you that you suffer from a heart condition and that you should only do activities recommended by your GP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 Do you feel pain in your chest when you do physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 In the past month, have you suffered chest pains when you were not taking part in any kind of physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 Do you suffer from headaches, dizzy/fainting spells or fits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5 Do you have a bone or joint problem that could be made worse by a change in your physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6 Are you currently taking any forms of medication? If yes, what?.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7 Do you know of any other reason why you should not do physical activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I understand and I am aware that strength, flexibility and aerobic exercises including the use of equipment are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of the dangers involved. I hereby agree to assume and accept all risks of injury. I understand that all information given is accurate and given in strict confidence. I have read and understood the questionnaire and have answered to my full satisfaction.

I do further declare myself physically sound and suffering from no condition, impairment, or illness that would prevent my participation in gym and fitness activities. I assume all responsibility for my participation in activities and utilisation of equipment.

Member 1 - Print Name:..... Date:.....

Sign Name: Staff Name:.....

Member 2 - Print Name:..... Date:.....

Sign Name: Staff Name:.....

Under 16's are not allowed to use any of the gym equipment. Please write your date of birth if under 21 years of age