



First name: _____ Surname: _____

Date of Birth: _____ Occupation: _____

Address _____

Postcode: _____

Tel:(Home) _____ Mobile: _____

Email: _____

Please answer the questions below by placing an X in the box provided:

- 1 Has your doctor ever said you have heart trouble or condition?
 - 2 Have you ever had pains in your chest?
 - 3 Has a doctor said your blood pressure is too high?
 - 4 Do you often feel faint or have spells of dizziness?
 - 5 Has a doctor 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?
 - 6 Have you been in hospital in the last 3 years?
 - 7 Are you currently taking any medication?
 - 8 Are you Pre/Post natal ?
 - 9 Do you suffer from asthma, or breathing difficulties?
 - 10 Do you suffer from diabetes or epilepsy?
 - 11 Do you suffer from an allergy?
 - 12 If 'Yes' what medication do you take?
-
- 13 Is there a good physical/medical reason not mentioned here why you should not take part in physical activity?

How would you describe your current level of fitness?:

- Very fit
- Fit
- Average
- Unfit
- None at all

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

if you have not recently done so, consult with your doctor before increasing your physical activity and tell your doctor which questions you answered yes to before attending a British Forces Fitness session. If in any doubt, seek your doctor's advice as to your suitability for unrestricted physical activity that progresses gradually.



Please read and sign the following declaration:

In consideration of being allowed to participate in the activities and programmes of British Forces Fitness and to use the facilities and equipment owned and/or under the control of British Forces Fitness, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge British Forces Fitness 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 a variety of environments including 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 British Forces Fitness instructors, 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 without the approval of my doctor and do hereby assume all responsibility for my participation and activities, and utilisation of equipment in my activities. In addition British Forces Fitness cannot accept responsibility for valuables left in instructor's vehicles.

As part of our communications activity, British Forces Fitness occasionally use photography for publicity purposes. We would like your permission to photograph/film you for possible inclusion in our publications, website and other publicity material. The image(s) will remain the property of British Forces Fitness and will be used for the designated purpose of promoting British Forces Fitness. Your contact details will remain strictly confidential. By Signing this form I am also permitting British Forces Fitness to use photographs of me in British Forces Fitness publications and publicity material, and for inclusion in the central British Forces Fitness image library.

Signature _____ Date _____

Print name _____ Venue: Sleaford/Lincoln

Please bring this completed form with you to your first session.

You cannot participate without this completed form