

In order to enjoy our facilities to the full and to ensure your safety, certain precautions are necessary. Please read and complete the following form. We have the right to refuse you entry if you do not complete the form in full and to the best of your knowledge.

	Condition	Yes ✓	No ×
1	Are you suffering from a heart Condition (heart attack, angina, irregular beat, hole in heart etc) ?		
	Do you feel pain in the chest when performing physical activity?		
2	Do you suffer from high or low Blood Pressure?		
	Are you taking medication to control your blood pressure or a heart condition?		
3	Do you have a back or joint problem that could be made worse through physical activity?		
4	Do you knowingly suffer from Diabetes?		
5	Do you suffer from respiratory Illness (asthma, bronchitis, emphysema) or have shortness of breath with mild exertion?		
6	Have you ever fainted or suffered dizziness through light exercise?		
7	Are you under medical treatment for any illness?		
8	Have you had a serious injury or operation within last 18 months?		
9	Do you smoke? If yes please indicate how many a day.		
10	For Ladies Only – Are you pregnant (or have you had a child in the last 3 months)?		

Blood Pressure:.....(staff to take and record reading)

Resting Heart rate:.....

If you answered yes to any of the above, please give detail.

Points to remember

- Do not lift more than your own body weight.
- Follow guidelines on each piece of equipment.
- Do not use equipment that is unfamiliar or you have not used before – seek advice on how to use it correctly.
- Follow instruction given by the instructor.
- Exercise within your own limits.
- Always maintain good posture with a straight back.
- Take regular water breaks.
- Ensure that appropriate clothing and footwear is worn.

I declare that the above details are correct to the best of my knowledge. I agree to notify the fitness centre staff of any changes to my medical condition. I understand that I have been advised not to undertake exercise beyond the range, duration and intensity advised by the Club Manager/Instructors. Bladerunner Ltd and the owners will not be held responsible in any way, for any harm or injury to any user who ignored the above advice, whilst using the facilities. I am satisfied with the induction I have under taken and the exercise programme I have been given.

Member Name:_____Signature:_____

Phone number:_____Email address:_____

Staff Name:_____Date:_____

Expiry Date: _____ Members must complete a ParQ for assessment on an annual basis