



YOUR DETAILS

Name :

House :	
Street :	
County :	EMERGENCY DETAILS
Postcode :	Name :
d.o.b :	Contact No. :
email :	Name :
mobile :	Contact Number :

HEALTH & FITNESS ISSUES

Do you have a history of ANY OF THE FOLLOWING	YES	NO
Heart Problems		
Fainting Spells		
High Blood Pressure		
Low Blood Pressure		
Breathing difficulties / Asthma		
Joint Problems		
Epilepsy		
Back Complaints (if 'yes' MUST inform the trainer)		
Muscular		
Skeleton		
Diabetic (if YES which type and what medication)		
Any other significant illnesses or recent operations		
Are you over 40		
Do you smoke		
How many units of alcohol per week		
Do you have any disabilities		
Are you allergic to latex		

If you answered YES to any of the above questions, you should ideally get consent from your doctor to obtain clearance to participate within any further physical activity.

Include any additional information

Details :

HOW WOULD YOU RATE YOUR CURRENT LEVEL OF FITNESS?			
VERY FIT			
FIT			
AVERAGE			
UNFIT			
VERY UNFIT			
NONE AT ALL			

SPECIFIC SAFETY / INJURY AWARENESS / PARTICIPATION CONSENT

J.Close has full REPS Personal Liability Insurance up to 5 million cover policy, that entitles him to instruct and coach, small and large groups or individuals. In consideration of being allowed to participate in the activities within the provided session(s) or fitness training, the use of facilities and equipment owned and/or under controlled guidance of J.Close at TheBarn300 in addition to the payment of any fee charge, I do hereby waive release and forever discharge J.Close from any and all responsibility, 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 the inclusion and use of strength, flexibility and aerobic exercise, including the use of equipment, either indoors or outdoors, are potentially hazardous. 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, within 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 J.Close or another trainer from TheBarn300 at any time, in relation to the activities and exercise being undertaken, 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 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 above 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 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 J.Close or TheBarn300 trainers, coaches cannot accept responsibility for valuables left in own vehicles on premises.

I understand that on occasions the need for photography or video may be required for training or promotional purposes and I consent for myself or child to participate in such sessions.

I have read, understood and answered honestly the questions above and any questions I had were answered

to my full satisfaction. I also state that I wish to participate in a variety of fitness activities, I realise that my participation in these activities involves the risk of injury and the even the possibility of death.

Further more, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise which has been recommend to me.

I DECLARE THAT ALL THE INFORMATION I HAVE SUPPLIED IS CORRECT, AND THAT I HAVE READ AND UNDERSTOOD THE ABOVE ADVICE.

PLEASE SIGN AND PRINT FULL NAME BELOW ALONG WITH DATE OF FORM COMPLETION.

Signature

FULL name in capitals

TheBarn300, Brook Farm, Gull Lane, Grundisburgh, Suffolk IP13 6RB www.thebarn300.co.uk