

## **HEALTH QUESTIONNAIRE-LIABILITY WAIVER**

FIRST NAME:	MOBILE NO.:		
SURNAME:	EMERGENCY CONTACT NAME:  EMERGENCY CONTACT NO.:  EMAIL ADDRESS:		
DATE OF BIRTH:			
OCCUPATION:			
ADDRESS:	-		
Do you suffer from any heart problems past and prese	nt? Y/N		
Do you suffer from any form of chest pain? Y/N			
Have you suffered from dizziness of any kind? Y/N			
Have you ever suffered from low/high blood pressure	? Y/N		
Do you suffer from any inflammatory conditions include	ling arthritis, colitis, and any joint/bone problems? Y/N		
Do you have any condition which could be made worse	e with exercise? Y/N		
Is there any possibility you could be pregnant? Y/N			
Do you have any respiratory problems/conditions suc	h as asthma? Y/N		
Do you suffer from any ailment that could inhibit your	fitness routine or cause you distress when exercising? Y/N		
Do you take any form of medication including inhalers	s, diabetic injections? Y/N		
Is there any other reason not mentioned above why yo includes kettlebells, weights, boxing gloves, trx to nar	- ·		
How would you describe your currant fitness levels, re	egime, & health?		



IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, AND HAVE NOT YET RECEIVED A DOCTOR CERTIFICATE WHICH CLEARS YOU FOR AN EXERCISE PROGRAMME, PLEASE DO SO BEFORE YOU START ANY PHYSICAL ACTIVITY, IF I DISAGREE OR CHOOSE TO IGNORE THIS I AM SOLELY RESPONSIBLE FOR MY ACTIONS AND ANY HEALTH RISKS/ DEATH INVOLVED.

I understand and I am aware that use of certain equipment & exercising outdoors may cause harm including injury & even death. I accept this and am participating in activity at my own risk. I release New Body and Soul from any liability claim from any injury incurred during any exercise programme participation.

I do acknowledge and state that I am free of any ailment, illness, injury that would cause me harm during any participation of any exercise programme, or if so have written consent from my doctor clearing me for any exercise prescribed with New Body and Soul. I declare that I am able bodied and fit and free to use any equipment provided by new Body and Soul in any surroundings.

New body and soul will provide any advice you require during the sessions but I am fully responsible of my actions during the fitness sessions & free New Body and Soul from any responsibility of injury. I am solely responsible for my own belongings during the sessions which new Body and soul hold no responsibility due to damage or theft.

Signature:			
Date:			
Print name:			

For Personal training/ fitness sessions we do require you to have the correct suitable footwear & clothing. For personal training sessions 24 hrs notice of cancellation is required or the full cost of the session is incurred by the client. The trainer will do their best to give you enough notice of cancelled sessions. We do ask that you give 100% effort in your sessions so we can get you the best possible results. Good luck, have fun, be safe and please contact a team member for any advice you may require and we will do our best to provide it.

Kindest regards

Michelle Walsh
Personal Trainer/Nutritionist