



...PARK FIT CIRCUITS....

Please bring this completed form with you to your first session

This form is to be completed & signed by all participants before taking part in any session

Health Questionnaire & Informed Consent-Liability Waiver

First name _____ Surname _____

Date of birth _____ Occupation _____

Address _____

_____ Post Code _____

Contact Nos: _____

Email: _____

Please answer below:

1. Has your doctor ever said you have heart trouble? Yes/No
2. Have you ever suffered from pains in your chest? Yes/No
3. Do you often feel faint or suffered from dizziness? Yes/No
4. Has a doctor said your blood pressure is too high or too low? Yes/No
5. Has a doctor said that you have bone or joint problems that has been caused or made worse by exercise? Yes/No
6. Have you had hospital treatment in last 2 years? Yes/No
7. Are you currently taking any medication? Yes/No
8. Are you or have been pregnant in the last 9 months? Yes/No
9. Do you suffer from any breathing difficulties or asthma? Yes/No
10. Do you suffer from any allergies? Yes/No
11. Do you suffer from diabetes or Epilepsy? Yes/No
12. Is there any other condition not already mentioned that you think may Prevent or hamper you while doing exercise? Yes/No

Please give details _____

How would you describe your current level of fitness:

Very fit /Generally fit/Unfit/Very unfit/ No fitness level at all

You are also advised to be suitably dressed to cope with any weather condition!



Chusfitness PT
CHallenging U to Success in FITNESS



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In consideration of being allowed to participate in 'Parkfit' activities and programmes of Chusfitness PT and to use the facilities and equipment owned and/or under the control of Chusfitness PT. I do hereby waive, release and forever discharge Chusfitness PT 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 the outdoors, are potentially hazardous activities. I also understand that exercise and fitness activities involve a risk of injury, 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 assume and accept all and any risks of injury. I am aware that I have the right to request advice from any 'Parkfit' Trainer 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 previously mentioned Health 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 Chusfitness PT cannot accept responsibility for valuables left in instructor's Vehicle or Bag.

Please sign (if under 18 Parent/Guardian to sign) _____

Counter signed/Print (Trainer) _____

Chusfitness PT Chris Husbands REPs Level 3 Advanced Trainer

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Member of NRPT www.nrpt.co.uk

Member of Register of Exercise Professionals www.exerciseregister.org