

Health Questionnaire



PLEASE COMPLETE DETAILS IN BLOCK CAPITALS

First Name		Last Name	
Mr/Miss/Mrs		Date of Birth	
Address			
Post Code		Mobile	
Work phone		Home phone	
Home email			
Work email			
Company		Occupation	
Which venue/s will use to train with us?			
Where did you hear about Touchline Fitness?			

Please answer the following questions as honestly as possible.		Yes	No
1.	Has your doctor ever confirmed you suffer from heart trouble?		
2.	Have you ever had pains in your chest?		
3.	Do you often feel faint or have spells of dizziness?		
4.	Has your doctor ever confirmed you suffer from high blood pressure?		
5.	Has your doctor said that you might have bone or joint problems, such as arthritis, that has been aggravated by exercise or might be aggravated by exercise?		
6.	Have you been in hospital in the last 3 years, for anything that may affect you doing exercise?		
7.	Do you suffer from an allergy?		
8.	Are you pre or post natal?		
9.	Do you suffer from asthma, or breathing difficulties?		
10.	Do you suffer from diabetes or epilepsy?		
11.	Do you smoke? If 'Yes' how many cigarettes per day and per week?		
12.	Do you drink alcohol? If 'Yes' how many units per day and per week?		
13.	Are you currently taking any medicine? If 'Yes' what medication do you take?		
14.	Is there a good physical reason not mentioned here why you should not follow an activity programme?		
15.	What fitness goals would you like to achieve from your training with Touchline Fitness?		

How would you describe your current level of fitness?:					If you have answered 'Yes' to one or more questions: You should consult your doctor if you have not recently done so, before increasing your physical activity and inform your doctor which questions you answered yes to. N.B. If you are in any doubt, please seek your doctor's advice as to your suitability for challenging physical exercise that progresses gradually.
Very Fit	Fit	Average	Unfit	No fitness	

Informed Liability Waiver



In consideration of being allowed to participate in the classes, activities and fitness programmes of Touchline Fitness and to use the facilities and equipment owned and/or under the control of Touchline Fitness, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Touchline 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 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 Touchline Fitness staff, 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 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 Touchline Fitness cannot accept responsibility for valuables left in instructor's vehicles.

SIGNATURE	DATE
PRINT NAME (BLOCK CAPITALS)	