



ACTIVITY READINESS QUESTIONNAIRE

Name:

Date of birth:

Address:

Telephone number:

Email:

Name of emergency contact:

Relationship with emergency contact:

Telephone number of emergency contact:

Please circle yes (Y) or no (N) for the following questions:

Do you suffer from a heart condition? YES NO

Have you ever had chest pain brought on by physical exertion? YES NO

Have you ever had chest pain lasting more than 60 seconds while at rest? YES NO

Do you ever suffer from dizziness or loss of consciousness brought on by exertion? YES NO

Do you, or have you, ever taken medication for blood pressure or a

heart condition?	YES	NO
Do you suffer from breathlessness or wheezing when at rest or after slight exertion?	YES	NO
Are you currently pregnant?	YES	NO
Are you diabetic?	YES	NO
Do you suffer from epilepsy?	YES	NO

If you answered yes to any of the above questions or you feel there is there any medical information not previously mentioned that you feel is important for us to know then please give details:

I confirm that the information I have provided is as accurate and detailed as I can provide and that I understand that honest responses are essential to my safety and wellbeing. I undertake to inform the trainer or supervisor should any answers to the above questions change or any other relevant information come to my attention.

Name..... Signed..... Date.....

Informed Consent and Liability Waiver Release for Participation in the 31 Day Health Transformation Programme.

By starting the 31 Day Transformation Programme, you assume full responsibility for your health and personal safety and confirm that you are in a state of physical wellbeing that enables you to participate in the class.

Whilst every effort will be made to ensure the safety of each participant, there is a risk of injury and physical issues associated with undertaking a new exercise activity.

Should you be in any doubt whatsoever as to your fitness level to participate, you must seek approval and confirmation from your GP.

Ricky Brown and Daniel White ('the organisers') will not assume any liability or be held responsible for any form of injury, personal loss or illness caused by your participation in the 31 Day Transformation Programme. You take full responsibility for your safety in completing the programme.

I hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while attending or participating in the 31 Day Transformation Programme.

I hereby waive all claims against Ricky Brown and Daniel White as a result of participating in the 31 Day Transformation Programme, and for any claims for injuries or damages that I might sustain.

I understand that there is risk of injury with any new physical activity and I certify that I am in good physical condition and capable of undertaking the activity.

I certify that all information provided in this Activity Readiness Questionnaire and disclaimer is correct at the time of writing and that I will always inform Ricky Brown and Daniel White should I have a new injury or problem which may reduce the safety of performing a given exercise.

I, the undersigned, confirm that I have sufficient health, fitness and movement ability to participate in the 31 Day Transformation Programme and have sought advice from my GP where any doubt existed.

I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability. I expressly agree to release and discharge Ricky Brown, Daniel White and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I may otherwise have to bring a legal action against "the organizers" for negligence, personal injury or property damage.

Name..... **Signed**.....

Date.....