

Fitness n Fashion - Pre Activity Readiness Questionnaire			
First Name		Surname	
Address			
Tel			
Email			

1. Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?	Y / N
2. Do you suffer chest pains brought on by physical activity?	Y / N
3. Do you ever feel faint, have spells of dizziness or lost consciousness?	Y / N
4. Do you have a bone or joint problem that could be or has been aggravated by exercise?	Y / N
5. Have you ever suffered from high or low blood pressure?	Y / N
6. Are you over the age of 65 and not accustomed to vigorous exercise?	Y / N
7. Are you, or have you been pregnant in the last 6 months?	Y / N
8. Are you diabetic?	Y / N
9. Do you suffer from asthma?	Y / N
10. Are you aware, through your own experiences or a doctor's advice, of any other reason against your exercising without medical supervision?	Y / N

If you have answered **YES** to one or more questions I may need to contact your doctor before starting an exercise programme with you. If your health changes so that you may then answer **YES** to any of these questions, please inform me as soon as possible.

**Additional info:**

**RELEASE AND WAIVER OF LIABILITY: ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND FULL RELEASE FROM LIABILITY OF FITNESS N FASHION – WELL BEING & STYLE**

The participant acknowledges that Fitness n Fashion training includes participation in strenuous physical activities, including but not limited to aerobic movement and weight training. The participant agrees to assume all risk and responsibility involved with participation in these physical activities. The participant affirms that he/she is in good physical condition and does not suffer from any disability that would prevent participation in physical activities. Any disability will be declared to the trainer before activities commence, and alternative exercises discussed. The participant acknowledges that participation will be physically and mentally challenging, and it is their responsibility to seek competent medical or other professional advice regarding any concerns involved with the ability of member to take part in these physical activities. The participant agrees to assume all risks in responsibility for not exceeding his/her physical limits.

**I have read, understood and completed this questionnaire and all questions have been answered to the best of my knowledge**

Signature	
Date	