



PRE-EXERCISE QUESTIONNAIRE

Name: _____

Address: _____

Post code: _____

tel no: (Home): _____ (Mobile): _____

E-Mail: _____

D.O.B; _____ **MALE / FEMALE**

NAME & TEL No. OF YOUR GP:

Do you, or have you ever had and problems with?

A heart condition

Fainting

An ulcer

Rheumatic fever

A stroke

Muscle cramps

Joint pain

Any other condition

Please give details:

Dizziness

blood pressure

Liver problems

Diabetes

Arthritis

Asthma

Back injuries

Glandular fever

Kidney problems

A hernia

High cholesterol

Gout

Pain in the chest

**Has anyone in your family, under 60, suffered from:
sudden death, chronic heart disease, Stroke**

YES

NO

When did you last have a medical check-up? _____

Are you pregnant?

Have you given birth in the last 6 weeks?

Have you recently been hospitalised?

Do you have any infectious diseases?

Are you on medication?

Do you smoke

If ticked, how many per day? _____

Are you currently on a diet?

How many units of alcohol do you have per week: _____

If you have ticked any of the above boxes, please give details: _____

It is recommended that individuals over the age of 35 who have not exercised for a while, should have a medical Assessment before embarking on a Boot camp.

I understand that this document will be used as a guideline. I have answered the above questions to the best of my ability.

Signed: _____ **Dated:** _____



RELEASE OF LIABILITY

WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

Please read and complete this form carefully and fully. DNA Boot Camp are unable to accept participants of whom have not completed the release of liability and a PAR – Q.

NAME :	
ADDRESS	

TO : DNA BOOT CAMP

Definitions

In this agreement

- a) the term **“THE OPERATORS”** shall mean **“DNA BOOT CAMP”**
- b) the term **“fitness classes”** shall apply both to all forms of exercise.

ASSUMPTION OF RISKS

I understand that the fitness classes that I am taking part in has inherent risks of injury and dangers and holds a risk (however small) of serious injury or possible death. I realise that it is my responsibility to make **DNA Boot Camp** staff aware of any medical conditions that I may have, and any medication I may need. I am also aware that I must comply with staff instructions for my own safety and smooth running of my classes. I will also disclose any discomfort I feel within the environment or during training and inform **DNA Boot Camp** staff of any desire I may have to omit or discontinue with any aspect of the class or activity. **DNA Boot Camp** also reserves the right to refuse participation to clients that they believe to be in any way not fit to participate in a particular activity, and in such circumstances no refunds shall be given.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH FITNESS CLASSES AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of **THE OPERATORS** allowing me to participate in fitness classes, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against **THE OPERATORS** and their directors, officers, employees, guides, agents and representatives, (all of whom are hereinafter collectively referred to as **“THE RELEASEES”**) arising out of any aspect of my participation in fitness classes
2. **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next of kin may suffer as a result of my participation in fitness classes, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE ON THE PART OF RELEASEES; AND INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS DANGERS AND HAZARDS OF FITNESS CLASSES REFERRED TO ABOVE;
3. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for any property damage or personal injury to any third party, resulting from my participation in fitness classes; and



RELEASE OF LIABILITY CONTINUED

4. That this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death. This agreement will be governed by and interpreted in accordance what the laws of England and Wales and any litigation involving parties to the Agreement shall be brought within the courts of England and Wales. In entering into this Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of fitness classes, other than what is set forth in this Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed: _____ **Dated:** _____

Print Name: _____



-----**FOR ADMIN USE OF DNA STAFF ONLY**-----

INSTRUCTOR NAME																
LOCATION																
Date																
Type	TP	VM	TXT	121	TP	VM	TXT	121	TP	VM	TXT	121	TP	VM	TXT	121
Comment																
S.U.P																