

Health Questionnaire

Title		First name		Surname	
Date of Birth		Contact Telephone day and eve			

Please display email address clearly below:

Please answer all the following questions:

- | | | |
|--|-----|----|
| 1. Are you currently taking any medication
If "yes" please list below | Yes | No |
| 2. Are you Pre/Post Natal? | Yes | No |
| 3. Do you suffer from asthma or breathing difficulties? | Yes | No |
| 4. Do you suffer from diabetes or epilepsy? | Yes | No |
| 5. Is there any other reason, not listed above why you should not take part in exercise? | Yes | No |
| 6. Has your doctor ever said you have heart trouble? | Yes | No |
| 7. Have you ever had pains in your chest? | Yes | No |
| 8. Do you often feel faint or have spells of dizziness? | Yes | No |
| 9. Has a doctor said your blood pressure is too high? | Yes | No |
| 10. Has a doctor said that you may have bone or joint problems that may be made worse with exercise? | Yes | No |
| 11. Is there anything else that you feel we would need to be aware of prior to exercise? | Yes | No |

If you are in any doubt, seek your doctor's advice before participating

Informed Consent Liability Waiver

In consideration of being allowed to participate in the activities and training sessions of On a Mission Fitness Ltd and to use the facilities and equipment owned and/or under the control of On a Mission Fitness Ltd, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge On a Mission Fitness Ltd 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 On a Mission Fitness Ltd Instructors, 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 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 Fitness equipment without the approval of my doctor and do hereby assume all responsibility for my participation and activities, and utilizing these equipments in the activities.

On a Mission Fitness Ltd does not accept any responsibility for valuables, clothing or equipment of the member.

I agree that it is my responsibility to notify any changes to my health or physical condition that may affect my suitability for participation within activities provided by On a Mission Fitness Ltd prior to taking part in any activity led by On a Mission Fitness Ltd.

Signature _____

Date _____

Print name _____

Instructor Name _____

Instructor Signature _____