



KP Fitness

Address: 134 Castle Street, Salisbury, SP1 3UA **Mobile:** 07787 101410
Email: loomsie@yahoo.co.uk **Website:** www.kirstiepugh.co.uk

Informed Consent and Liability Waiver Release for Participation in Exercise Program

This Agreement is between Kirstie Pugh (Instructor), and the additional Instructors who may be conducting classes and the individual Whose name is signed below (referred to as the participant).

1. I am participating in Fitness Classes, offered by an instructor during which I will receive information and instruction about the class. I recognise that it requires physical exertion that may be strenuous and may cause physical injury, I am fully aware of the risks and hazards involved and that it is MY RESPONSIBILITY to modify and movements to fit my limitations and level of conditioning.
2. I understand that is it my responsibility to consult with a physician prior to and regarding my participation in the Fitness Classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Fitness Classes.
3. In consideration of being permitted to participate in Fitness Classes, I voluntarily and knowingly agree to assume full responsibility for any risks, injuries or damages, know or unknown, which I might incur as a result of participating in the program and acknowledge my informed consent to do so.
4. In further consideration of being permitted to participate in Fitness Classes, I knowingly, voluntarily and expressively waive any claim I may have against the authorized instructor(s) and facilities for damages and injury, including death, resulting from the ordinary negligence of the Instructor, the Facility, its agents and employees, that I may sustain as a result of participating in the Fitness classes.
5. I, my heirs, spouse and legal representatives forever release, hold harmless, waive, discharge and covenant not to sue the instructor(s) or facilities for any injury or death caused by my voluntary participation in the Fitness classes.
6. This Agreement applies to personal injury or death arising from my participation at all locations where classes are taught by Kirstie Pugh, including the facility in and around the facility where the Fitness classes are taught and includes all claims for damages of any kind and for loss of property.
7. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. This agreement remains in effect for as long as I participate in Fitness classes.

Name: _____ **Gender:** Female/Male **Age:** _____

Email: _____ **Phone Mobile:** _____

Address: _____

Signature of Participant: _____ **Date:** _____

Note: if the participant is not 18 years of age or older, he/she must have the consent of a parent or guardian.

I, _____ as a parent or legal guardian of the above participant, hereby understand, agree to and assure responsibility for the above terms.

Signature of Parent or Legal Guardian: _____ Date: _____

Personal data is collected for insurance purposes and to keep you updated about classes and events. It keeps me informed about your health or wider needs for me to consider whilst delivering your class/es.

A copy is available in class or to view at www.kirstiepugh.co.uk/privacy-policy2/

If you are happy for me to collect and store your personal data please tick here

Licensed to teach





KP Fitness

Address: 134 Castle Street, Salisbury, SP1 3UA **Mobile:** 07787 101410
Email: loomsie@yahoo.co.uk **Website:** www.kirstiepugh.co.uk

Pre-Activity Readiness Questionnaire (PAR-Q+)

This information will be kept confidential and only accessed by Kirstie Pugh.

Please circle YES or NO to the following:

- | | |
|--|----------|
| 1. Has your doctor ever said that you have a heart condition and should only do physical activity recommended by a doctor? | YES/NO |
| 2. Do you feel pain in your chest when you do physical activity? | YES/NO |
| 3. In the past month, have you had chest pain when you were not doing physical activity? | YES/NO |
| 4. Do you lose your balance because of dizziness or do you ever lose consciousness? | YES/NO |
| 5. Is there a history of coronary disease in your immediate family? | YES/NO |
| 6. Do you suffer from high or low blood pressure? | HIGH/LOW |
| 7. Do you suffer from high cholesterol? | YES/NO |
| 8. Are you pregnant or have given birth within the last 6 months? | YES/NO |
| 9. Have you had surgery recently? Please specify: _____ | YES/NO |
| 10. Do you have any chronic illness or physical limitations such as Asthma, diabetes?
Please specify _____ | YES/NO |
| 11. Do you have a bone/ joint problem that could be made worse by physical activity?
Please specify _____ | YES/ NO |
| 12. Is your doctor currently prescribing drugs?
Please specify _____ | YES/ NO |
| 13. Any other factor which may affect your ability to participate in physical activity?
Please specify _____ | YES/NO |

If you have answered YES to any of the above questions, then you are required to gain consent from your doctor before participating in the group exercise to music session.

Please provide the name and number of someone who we can call in the event of an emergency (providing you have permission from that person):

Emergency Contact Name: _____ **Emergency Contact Number:** _____

I confirm I have read and understood this PAR-Q and have completed it to the best of my knowledge. I confirm that where any medical condition, discomfort or injury which may be affected by physical activity applies or becomes applicable at any time when I am participating in a class, I am responsible for checking with my doctor to ensure I am able to participate in this activity.

Name: _____

Signature: _____

Date: _____

Licensed to teach

