**Health & Consent Form**



Name: Surname:

Home Address:

E-mail:

Age: Date of Birth:

Contact Number:

Emergency Contact: Contact Number:

Do you have or ever experienced any of the following? (Please delete as appropriate)

|  |  |  |
| --- | --- | --- |
| Diabetes: | Yes  | No |
| Chest pains brought on by physical exertion | Yes  | No |
| Epilepsy | Yes  | No |
| Dizziness or fainting | Yes | No |
| A bone, joint or muscular problem or arthritis | Yes | No |
| Asthma or other respiratory problems | Yes | No |
| Any sustained injuries or illnesses | Yes | No |
| Any Allergies  | Yes | No |
| Are you taking any medication? | Yes | No |
| Has anyone in your family had a heart problem? | Yes | No |
| Have you been in hospital over the last 6 months? | Yes | No |
| Is there any reason not mentioned above why any type of physical activity may not be suitable for you? | Yes | No |
| Are you pregnant or have been in the last 6 months? | Yes | No |

If YES, please give details here: ….

|  |  |
| --- | --- |
| Do you currently exercise?Please state what? How often? |  |
| Occupation? |  |
| What are your motivating factors for joining this class? |  |
| How did you hear about Pole Affinity? |  |

PLEASE NOTE: Bruises may occur due to the nature of this activity.
Physical spotting will NOT OCCUR during online classes.

\*Pictures or screenshots may be taken during class for social media / advertising purposes.
Classes maybe recorded for online/ catch up classes.
If NO, please give detail here:\* ……

I understand that if the instructor requires further information about my illness or disability in order to be included in the activities, I will endeavor to make sure this information is available to him/her.

I understand that any accidents will be documented.

I agree to take full responsibility for my actions during any Pole Affinity Fitness classes.
Any injuries or incidents occurred during the classes are in no way the fault or the responsibility of Pole Affinity or the Instructor.
I understand that it is my responsibility to take account of any physical or mental impediments I have before I begin any Pole Affinity Classes. I have notified the instructor of any medical conditions that may affect me during the class.

Online Classes: I accept that I am responsible for providing all of my own equipment including but not limited to the pole (which must be purchased from a professional manufacturer and installed as per the manufacturer guidelines), safety mat, clothing and footwear and the instructor will not accept any liability arising out of defective equipment. I acknowledge that the instructor is not present with me and cannot make an adequate assessment of the area where I am exercising and it is my responsibility to ensure the area is clear, safe and free from any hazards which may cause injury to me or to others.

By signing this form, you confirm that you are taking part in online or studio classes at your own risk and you understand no spot will be available for online & emergency spots only when in class where social distancing measures are in place.

 If you are unsure or feel a move is too advanced, you will inform your instructor before attempting the move.

In signing this form, I the participant affirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_