

Please bring form for your first training session; **YOU WILL NOT BE PERMITTED** to participate without it

## Par-Q-Form

Title:  Date of Birth:

First Name:

Surname:

Address:

Email address:

Tel:  Day time:  Evening:  Mobile:

Please answer all the questions YES or NO below, held in strictest confidence by Southwest Military Fitness

Has your doctor ever said you have heart trouble?

Have you ever had pain in your chest?

Do you often feel faint or have spells of dizziness?

Has a doctor said that your blood pressure is too high?

Has a doctor said that you might have bone or joint problems, arthritis, that is aggravated by exercise?

Have you been in hospital in the last 3 years?

Are you currently taking any medication?

Are you pre/post natal?

Do you suffer from asthma, or breathing difficulties?

Do you suffer from diabetes or epilepsy?

Do you suffer from an allergy?

Is there a good reason not mentioned here why you should not take part in training sessions with Southwest Military Fitness?

If you answer yes to any of the questions above please provide a doctor's note before training

**Signature of Participant**      **Date**

<input type="text"/>	<input type="text"/>
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**Signature of Parent or Guardian**      **Date**

Required for participant under 18

<input type="text"/>	<input type="text"/>
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# NEXT OF KIN FORM

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Title:  Date of Birth:

First Name:

Surname:

Address:

Email:

Tel:  Day time:  Evening:  Mobile:

Emergency contact during activity:

Name:  Relationship

Contact Details

**Declaration:**

1. The information I have provided is to the best of my knowledge true and accurate.
2. I have read and understand the terms and condition of Southwest Military Fitness and agree to be bound by them.
3. I understand that the activity provided by Southwest Military Fitness, by their nature involves an element of risk, which cannot be totally eliminated. Whilst every care to ensure the safety of the participant; activities involve the acceptance of risk and of responsibility of the consequences of one actions.

**Signature of Participant**

**Date**

**Signature of Parent or Guardian Date**

Required for participant under 18

# Liability Waiver (Informed Consent)

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In consideration of being allowed to participate in the activities and programmes of South West Military Fitness and use the facilities and equipment owned and/or under the control of South West Military Fitness, in addition to the payment of any fee or charge I do hereby waiver release and, forever discharge South West Military Fitness from all responsibility or liability for injuries or damages resulting from 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 relevant 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 here/by agree to expressly assume and accept all and risk of any injury or death.

I am aware that I have the right to request advice from any of the South West Military Fitness staff, 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 equipment clothing. If I choose not such 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 attached 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 equipment and machinery without the approval of my doctor and hereby assume all responsibility for my participation and activities, utilisation of equipment and machinery in my activities. In addition, South West Military Fitness cannot accept responsibility for valuables left with the instructors or vehicles.

**Signature**

**Date**

**Print Name**

Please print this form complete, date and sign it then bring it with you to you first class