



Military Fitness Academy

**Health Questionnaire
(Informed Consent - Liability Waiver)**

PLEASE COMPLETE IN BLOCK CAPITALS

WHICH PARK?

FIRST NAME.....

SURNAME.....

ADDRESS.....

POSTCODE.....

HOME EMAIL.....

D.O.B.....

WORK EMAIL.....

TEL (HOME)

(WORK).....

MOBILE.....

OCCUPATION.....

COMPANY (NEEDED FOR CORPORATE MEMBERSHIP).....

WHERE DID YOU HEAR ABOUT US?

Please answer the following questions and sign below:

- | | Yes | no |
|--|--------------------------|--------------------------|
| 1. Has your doctor ever said you have heart trouble? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had pains in your chest? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you often feel faint or have spells of dizziness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has a doctor said your blood pressure is too high? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has a doctor said that you might have bone or joint problems, such as arthritis, that has been aggravated by exercise or might be made worse with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been in hospital in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you currently taking any medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you Pre/Post natal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you suffer from asthma, or breathing difficulties? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you suffer from diabetes or epilepsy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you suffer from an allergy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. If 'Yes' what medication do you take? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is there a good physical reason not mentioned here why you should not follow an activity programme? | <input type="checkbox"/> | <input type="checkbox"/> |

How would you describe your current level of fitness?:

- Very fit
- Fit
- Average
- Unfit
- None at all

if you have answered 'Yes' to one or more questions:
If you have not recently done so, consult with your doctor before increasing your physical activity and tell your doctor which questions you answered yes to.
if in any doubt, seek your doctor's advice as to your suitability for unrestricted physical activity that progresses gradually.



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INFORMED CONSENT - Liability Waiver

In consideration of being allowed to participate in the activities and programmes of Military Fitness Academy and to use the facilities and equipment owned and/or under the control of Military Fitness Academy, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Military Fitness Academy 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 Military Fitness Academy 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 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 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 of equipment and machinery without the approval of my doctor and do hereby assume all responsibility for my participation and activities, and utilisation of equipment and machinery in my activities. In addition Military Fitness Academy cannot accept responsibility for valuables left in instructor's vehicles.

Signature..... Date

PRINT NAME (BLOCK CAPITALS)

SIGNED ON BEHALF OF MFA:.....

PRINT NAME:.....