

# Ben Horne Training Physical Readiness Questionnaire

Name(s):

Age:

Address:

Date of Birth:

Occupation:

Mobile:

Home Tel:

Email:

## EMERGENCY CONTACT DETAILS

*(Who should be called in the unlikely event of an emergency?)*

**NAME:**

**TELEPHONE NUMBER:**

**RELATIONSHIP TO YOU:**

### Health Questionnaire:

1. Have you ever had or do you currently have problems with any of the following (please tick to confirm 'yes'):

- |                       |                          |   |                          |
|-----------------------|--------------------------|---|--------------------------|
| Heart                 | <input type="checkbox"/> | High blood pressure (140/90 mm Hg or above) | <input type="checkbox"/> |
| Breathing/respiratory | <input type="checkbox"/> | Diabetes                                    | <input type="checkbox"/> |
| Epilepsy              | <input type="checkbox"/> | Arthritis/joint pain                        | <input type="checkbox"/> |
| Back Pain             | <input type="checkbox"/> | Any other injuries                          | <input type="checkbox"/> |
|                       |                          | Dizziness or loss of consciousness          | <input type="checkbox"/> |

2. Do you know of any other reason why you should not do physical activity? I.e., has your doctor or health care professional told you not to exercise? **Yes / No**. If yes, please give details:

3. Are you currently on any medication? **Yes / No**. If yes, please give details:

4. Do you currently smoke or have you quit in the last 6 months? **Yes / No**

5. Have you ever had surgery and/or are awaiting any medical investigations? **Yes / No**. If yes, please give details:

***Please inform the instructor of any additional information you feel relevant. Please be as specific as possible and let him know if anything changes. This questionnaire is intended to help the instructor learn more about you; the more***

*that is known the more the instructor can assist you. You must 'listen' to your body during sessions, if you are unsure of any detail of an exercise you must make the instructor aware. You must not undertake or continue in an activity if you feel a heightened sense of risk or are unsure of what you are doing. Always consult your GP before embarking on any exercise programme or diet. I may ask your permission to contact your GP if I feel the need to.*

## **The Agreement**

I, \_\_\_\_\_ (i.e. "the Client") on the date of \_\_\_\_\_ enter into this agreement with **Ben Horne** (i.e. "the trainer/the instructor"), whom will be providing training sessions and other services. The Trainer will provide the services at a time and location to be agreed in advance with the Client. The services provided will be in accordance to the schedule of fees arranged. The Trainer agrees to provide these services subject to the Client's agreement to the following additional terms and conditions:

- (i) That the Client accepts full responsibility for all risks involved, including risks from participating in any way in the services, use of equipment provided by the Trainer or use of equipment that the Client has provided at any location that services take place.
- (ii) The instructor cannot be held liable for any accidents, illnesses, death or personal injury suffered by the Client through the course of services (inclusive of training sessions) provided.
- (iii) Further, Ben Horne cannot be held liable for any lost, damaged or stolen property belonging to the Client at any time.
- (iv) Ben Horne reserves the right to cancel a session at any time.
- (v) Ben Horne reserves the right to alter the terms and conditions at any time.
- (vi) Ben Horne or an individual/organization acting on his behalf may take photos/videos during sessions. Verbal confirmation will also be sought at the intended time of photography/recording. If you do not wish to feature in these please tick the box -
- (vii) The information contained on this form will be treated with strict confidentiality and in compliance with data protection regulations.

(viii) I, the client, confirm that I fully understand everything written on this form and that the information I have given is correct, up to date and accurate. I understand that there may be an extreme risk of injury/death in participating in physical activity, which may become an elevated risk if the information I have given is inaccurate or false. I understand I must follow the trainers instruction at all times for my safety. I understand that by failing to obey instruction, I may be placing myself and/or others in danger.

SIGNED: \_\_\_\_\_

PRINT: \_\_\_\_\_

DATE: \_\_\_\_\_

**OR**

I am the parent/legal guardian of (insert participant name) \_\_\_\_\_.

I'm signing on the participant' behalf whom is not yet 18 years old at the time of signing but is a **minimum of 16 years old.**

PARENT/LEGAL GUARDIAN SIGNED: \_\_\_\_\_

PRINT: \_\_\_\_\_

DATE: \_\_\_\_\_