

ACTIVITY RETREATS

Physical Activity & Readiness Questionnaire

This questionnaire identifies the small number of people who may need to seek medical advice prior to starting an exercise program. All information will be treated as private and confidential

Please read the questions carefully and tick the appropriate box YES/NO

1. Has a doctor ever said you have a heart condition and should only do physical activity recommended by a doctor? YES/NO
2. When you do physical activity do you feel pain in your chest? YES/NO
3. Have you ever had pains in the past month when you were not physically active? YES/NO
4. Do you ever lose consciousness or do you lose your balance because of dizziness? YES/NO
5. Do you have a joint or bone problem that may be made worse by a change in your physical activity? YES/NO
6. Has a doctor ever told you that you have high blood pressure or prescribed medication for your blood pressure or for a heart condition? YES/NO
7. Are you currently taking any medication? YES/NO
8. Are you pregnant or have you had a baby within the last 6 months? YES/NO
9. Do you have any breathing difficulties or do you suffer from asthma? YES/NO
10. Do you know of any reason why you should not exercise or increase your physical activity? YES/NO

If YES, please specify: _____

If you answered YES to one or more questions

Talk to your doctor about the questions you answered YES to and follow his or her advice.

You may be able to do the activity you want as long as you begin slowly and build up gradually.

If you answered NO to all questions

You can be reasonably sure that you can start to become more physically active and take part in a suitable exercise programme.

Liability Disclaimer & Notice

I individually and as identified below hereby acknowledge and grant the following to Activity Retreats being: Liability Release - Activity Retreats takes all reasonable care in ensuring its programmes and equipment are safe. However, I agree that I will be engaging in physical activities that may involve some risk of injury. I acknowledge I am in good health and not on medication that could affect my health nor do I have a past or present injury that could worsen in carrying out these activities. I also understand that I may be refused tuition on the aerial equipment if I appear under the influence of alcohol or appear impaired in any way.

I assume the above risks and accept responsibility for any injury sustained to me, or other persons or property caused by my participation in the Activity Retreats tuition. I confirm I am over 18 years old and I accept that all tuition is to be practiced only under the direct supervision of an Activity Retreats instructor.

Trainee Declaration

I agree to:

1. Follow the trainers instructions at all times
2. Take responsibility for my own actions
3. Highlight to the trainer any hazards or potential defects in equipment
4. Inform the trainer of any changes in health or fitness or of any injuries sustained on the course as the course progresses.

Name: _____

Date of birth: ____/____/_____

Address: _____

Post Code: _____

Tel No: _____

Mobile Tel: _____

Email: _____

Emergency Contact Name: _____

Tel No: _____

Your Facebook name:

Where did you hear about us?

Signature: _____ Date: ____/____/____