

## Metafit Indemnity Declaration

Name:

E-Mail:

Address:

Age:

DOB:

Telephone Number:

Mobile Number:

How did you hear about MiiTime?

Are you currently exercising? What type of exercises?

What are your reasons for joining the class?

<b>Question please answer all questions accurately</b>	<b>Yes</b>	<b>No</b>
Have you had a recent Operation involving hospital admission? <small>If yes, please clarify...</small>		
Are you currently suffering from any physical injuries? <small>If yes, please clarify....</small>		
Do you suffer from High or Low Blood Pressure? <small>If yes, please clarify....</small>		
Do you have any heart related defects (e.g. murmur, skipped beats, palpitation) or other problems ? <small>If yes, please clarify....</small>		
Are you taking any medication that could cause a problem during exercise? <small>If yes, please clarify....</small>		
Do you suffer from shortness of breath following light exertion? <small>If yes, please clarify....</small>		
Dizzy spells or episodes of fainting following light exercise? <small>If yes, please clarify....</small>		
Pain, tightness or heaviness in the chest area? <small>If yes, please clarify....</small>		
Lower leg pain whilst walking which is relieved at rest? <small>If yes, please clarify....</small>		
Is there any other reason why you should not undertake this type of fitness class?		

*I the undersigned know of no reason why I should not undertake this Metafit class. I do not suffer from any medical conditions that would prevent me from joining in such a class. Should my circumstances change I will inform the trainer prior to participating in such activities. I acknowledge that 24 hours notice of cancellation are required to avoid session charges.*

**Signature:**

**Date:**     /     /