Fitness Class Indemnity Declaration

| Name: | E-Mail: |
|-----------------------|---------------------------------|
| Address: | DOB: |
| Mobile Number: | Home Phone Number: |
| Emergency Contact: | Are you currently exercising? |
| Emergency Contact No: | How did you hear about MiiTime? |

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

I confirm that I have answered the questions above as honestly and accurately as I am able and that I am fit to undertake a physical exercise programme. I the undersigned know of no reason why I should not undertake this HIIT class. I do not suffer from any medical conditions that would prevent me from participating in such a class. Should my health/medical circumstances change I will inform the trainer prior to participating in the class. I am fully aware that MiiTime needs to store the above data & health information in order to offer a safe & effective service to me 'the client' and I am also aware the above information will be stored safely for 7 years after my last session for insurance purposes.

I am happy to join the MiiTime Community & to receive the latest information & offers Y/N (please circle) I am also aware I can email to withdraw consent at any time by email to <u>jane.miitime@gmail.com</u> Y/N (please circle) For more information find MiiTime Privacy Policy at https://www.miitime.co.uk/miitime/privacypolicy/

I acknowledge that 24 hours notice of cancellation

Signature: