



# MEATH FITNESS

*Right folks, Let's Go!*

## HEALTH CHECK FORM AND WAIVER PLEASE USE BLOCK CAPITALS

NAME: ..... DOB: .....

EMAIL: ..... PH: .....

Would you like to be kept up to date with what's happening at Meath Fitness by text and/or email? Y  N

Contact in case of emergency (Name & Contact Number):

NAME: ..... PH: .....

### Please tick applicable answers:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Has your doctor ever said you had heart trouble?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever had pains in your chest?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you often feel faint or have spells of dizziness?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Has your doctor said your blood pressure is too high?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Or any problems that might be aggravated or made worse by exercise?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you been in hospital in the last 3 years?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you currently taking any medication?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you post/pre natal?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you suffer from asthma or breathing difficulties?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you suffer from an allergy?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If 'Yes', what medication do you take?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Is there any good physical reason not mentioned here why you should not follow an exercise activity programme? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**If you have answered 'yes' to one or more of the above questions, please consult a doctor before increasing your physical activity and tell your doctor which questions you answered 'yes' to.**

### Informed Consent - Liability Waiver

In consideration of being allowed to participate in the activities of the programmes of Meath Fitness which are undertaken by the selected insured Meath Fitness Instructors and to use the facilities and equipment managed/owned by the Meath Fitness instructors and/or under the control of the organisers of Meath Fitness, in addition to the payment of any fee or charge, I do hereby waive release and forever discharge Meath Fitness and its organisers from any and all responsibilities or liability for injuries resulting from my participation of activities or use of the above equipment during a Meath Fitness session.

I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, in the outdoors, or assigned training areas, are potentially hazardous activities. I also understand that exercise and fitness activities involve a risk of injury and even death, and 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 Meath Fitness instructors, in relation to the activities and exercise being undertaken with particular regard to my health and clothing. If I choose not to take advice or disregard any advice given, I do so voluntarily and accept liability for all resulting injuries and damage.

I hereby declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness 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 utilisation of equipment and machinery in my activities. In addition, Meath Fitness and its organisers cannot accept responsibility for items lost during training sessions or left in the bag of the instructor. I am aware that no discount or refund shall be given to me under any circumstances. I accept the Meath Fitness Rules and Regulations as per [www.meathfitness.com](http://www.meathfitness.com)

I hereby declare myself to be physically sound and healthy prior to training. I also declare that I am not taking part in any Meath Fitness class under the influence of alcohol or other inebriating substances.

SIGNATURE: ..... DATE: .....