

INFORMED CONSENT FORM

	Y/N
Have you ever been advised not to take physical exercise?	
Have you ever experienced chest pain during or after exercise?	
Do you ever feel faint, dizzy or lose consciousness?	
Do you have a family history of heart disease?	
Have you recently had surgery of a serious illness?	
Are you taking any medication?	
Are you pregnant or have you recently given birth?	
Do you smoke?	
Do you have high blood pressure or cholesterol level?	
Are you diabetic?	
Are you asthmatic?	

PLEASE COMPLETE THIS FORM WITH YOUR MEMBERSHIP. If you are between the ages of 15 and 69 and have not been exercising regularly you are strongly advised to consult your GP. **IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS YOU ARE STRONGLY ADVISED TO CONSULT YOUR GP.**

This exercise programme is designed to improve cardiovascular (heart and lung) fitness, muscle tone and strength, endurance and flexibility and will include physical activities such as Running and stretching. Each part of the program will be fully explained to you, *please ask questions if you are not clear about anything.* Please notify a coach if you feel you should not do a particular exercise for any reason. All coaches have access to the information given by you on this form.

All exercise programs contain certain risks. If at any time you feel *pain* or *discomfort* you must *stop immediately* and inform the coach.

Your signature at the foot of this form confirms that you understand the risks involved in exercise and have given your informed consent and are participating of your **own free will**.

I hereby state that I have read, understood and answered all the questions truthfully. I also state that I wish to participate in the range of activities included. I understand that these activities involve the risk of injury or even death.

Signed _____

Date __/__/____

Print Name _____