

# CLUBBERCISE PAR-Q & LIABILITY WAIVER

**Clubbercise is an aerobic exercise class taught in a darkened room with flashing lights.**

**If you suffer from any form of photosensitivity or light sensitivity this class is not suitable for you. Please contact Rebecca on 07525 414 703 to find out about other classes that are suitable.**

*Listen to your body, take the class at your own pace and choose lower impact options if you find the high impact moves too challenging. It is vital you stay hydrated during the class, have a drink whenever you need it.*

Full Name: .....

Email: .....

Mob tel : ..... Date of birth: .....

Emergency contact (name & no): .....

## **MEDICAL HISTORY** (please circle your answers)

1. Have you ever suffered with epilepsy?  
**WARNING: Flashing lights are used in this class** YES / NO
2. Are you pregnant? If yes, how many months? ..... YES / NO
3. Have you ever suffered from heart trouble? YES / NO
4. Are you presently taking any form of medication? YES / NO
5. Do you suffer from chest pains? YES / NO
6. Do you ever have spells of dizziness or feel faint? YES / NO
7. Have you ever had either high or low blood pressure, and/or high cholesterol? YES / NO
8. Have you ever had asthma, chronic bronchitis or any other chest ailments? YES / NO
9. Do you suffer from severe back pains or any orthopaedic problem? YES / NO
10. Do you suffer from severe headaches or migraines? YES / NO
11. Are you recovering from a recent illness / operation or injury? YES / NO
12. Have you any medical condition that we should be aware of? YES / NO
13. Is there any history of heart disease in your immediate family (before age 55)? YES / NO

**PLEASE NOTE: If you have answered YES to any questions 1 - 13, you are advised to seek medical advice/approval before taking part in this class.**

I have been informed that if I answer YES to any of the questions 1 - 13 of the questionnaire I should seek medical advice/approval before commencing this class. If I wish to continue without such advice I do so entirely at my own risk. I confirm that I have read, fully understood and answered honestly.

I understand the nature of the Clubbercise class and confirm that I am in proper physical and mental condition to participate. If at anytime I have questions, feel unsafe or unwell I will immediately inform the Instructor (or their assistant) and discontinue further participation in the class.

I understand that neither the Instructor or Clubbercise Ltd can be held responsible for any injuries or ill health of any kind arising from participation within this class.

Signed: .....

Date: .....