|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth & Age** |  |
| **Address** |  |
| **Email**  |  |
| **Telephone Number** |  |
| **Emergency Contact** Name & Telephone |  |

All information you provide will be treated in the strictest confidence and stored in accordance with General Data Protection Regulations. I only keep what I genuinely need to provide you with an excellent & safe experience.

It is your choice as to how much information you disclose but please note that you must be responsible for your own health if you do not disclose.

I, the undersigned, do hereby acknowledge:

* My consent to participate in an exercise programme designed by a qualified fitness consultant.
* I understand that the exercises will consist of one or more of the following components: cardiovascular, resistance, strength, endurance, core and flexibility.
* I fully appreciate that there are potential risks involved in participation i.e., episodes of transient light-headedness or possibly loss of consciousness, and I assume wilfully these risks.
* I understand that I may stop or delay any exercise if I so desire, and that the session may be terminated by the fitness instructor upon observation of any symptoms of undue distress or abnormal response.
* My understanding is that I may ask any questions or request further explanation or information about the procedures at any time before, during and after the training.
* That I have read, understood and completed the medical screening questionnaire (PAR-Q) and obtained medical clearance if necessary.

I hereby sign below to confirm that I provide full consent to participate in the proposed activities and that by doing so I accept the risks identified above & the terms detailed. I also understand that I may withdraw from the session at any time.

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| --- | --- |
| **Signed** | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

All information contained herein will be treated as confidential

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| Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | Yes/No |
| Do you feel pain in your chest when you do physical activity? | Yes/No |
| In the past month, have you had chest pain when you were not doing physical activity? | Yes/No |
| Do you lose your balance because of dizziness or do you ever lose consciousness? | Yes/No |
| Do you have a bone or joint problem that could be made worse by a change in your physical activity? | Yes/No |
| Is your doctor currently prescribing drugs for blood pressure or aheart condition? | Yes/No |
| Do you know of any other reasons why you should not undergo physical activity? This might include severe asthma, diabetes, a recent sports injury, or serious illness. | Yes/No |
| Please use this space to provide any other information that you would like to share: |  |

If you have answered **NO** to all questions, then you can be reasonably sure that you can take part in this physical activity.

I ………………………………. (*insert name)* declare that the above information is correct at the time of completing this questionnaire.

If you have answered **YES** to one or more questions:

Talk with your doctor about the questions you answered yes to and ask if you are able to conduct the physical activity requirements.

Doctor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTES (For use by the Fitness Instructor)**

CANCELLATION POLICY FOR PERSONAL TRAINING SESSIONS

The Garden Gym operates on a scheduled hourly appointment basis for private training sessions. Therefore, when cancelling an appointment, please provide MORE than 24-hours’ notice, for which no additional levy shall be incurred. However, if you cancel a session LESS than 24 hours from the scheduled time, you shall be charged in full for that training session. You understand that you are entitled to a one-time cancellation fee waiver, whereby you can cancel a session in less than 24-hours, penalty-free.Should I cancel a personal session with less than 24-hour prior notice, you shall be entitled to one free session upon rescheduling. The free session must be redeemed within 7 days of cancelling the previous one or shall be forfeited. However, should I cancel a session with MORE than 24-hours’ notice, you shall not be entitled to a free session, but the training session shall be rescheduled within 7 days to ensure consistency and progress in your fitness program.

**GDPR**

In order to comply with the General Data Protection Regulations, it is required that I check whether or not you are happy for me to retain your contact details, and to send you information that I think may be useful to you. I only hold information when it is necessary to do so in order for me to provide you with a safe experience, and when you have given me permission to do so. To ensure that I only communicate with you in the manner of your choosing, please indicate below, your agreement, or otherwise, to the following means of communication:

|  |  |  |
| --- | --- | --- |
| **Email: yes/no** | **Telephone: yes/no** | **Mail: yes/no** |