

PAR-Q

Staff use only FU: C: E: R:

PERSONAL TRAINING: CLASS: LIST CLASS:

NAME: DATE ATTENDED:

TEL NUMBER: EMAIL:

ADDRESS:

NEXT OF KIN: CONTACT NUMBER

Health and Medical Check	YES	NO
Are there any medical problems we need to know about?		
Do you have a history of heart disease?		
Do you suffer from high or low blood pressure?		
Do you ever feel faint or have dizzy spells?		
Do you have joint or muscle related problems?		
Do you have back problems?		
Are you on a special diet or medication?		

IF YOU'VE ANSWERED YES TO ANY OF THE ABOVE PLEASE PROVIDE MORE DETAILS BELOW:

Indemnity

In consideration of IPPON GYM accepting the client as a client for the purpose of providing martial arts and fitness classes the client agrees that:

Neither IPPON GYM nor any agents or employees shall be liable for any loss, damage or theft of any property or belongings to the client or any guests of the client occurring at the premises.

Neither IPPON GYM nor any of its agents or employees shall be responsible for any death, personal injury or illness occurring at the premises or as a result of the personal training provided or as a result of the supervised use of the facilities or equipment or otherwise, except to the extent that such death, personal injury or illness arises from the negligent act or omission of IPPON GYM, his agents or employees.

Charging

Charges are per month or block of sessions as agreed between parties. The timing and length of the sessions will be agreed between the client and IPPON GYM. Payment is required in advance.

Acceptance

I agree to take part in personal training sessions or exercise classes under the supervision of IPPON GYM. I am free from any known medical condition that may be aggravated by the physical exertion required. I understand and accept that there may be risks associated with physical activity. I fully understand that I am free to stop the session at any time.

SIGNED:

PRINT:

PAR-Q

Staff use only FU: C: E: R:

SIGNED(TRAINER):

PRINT: