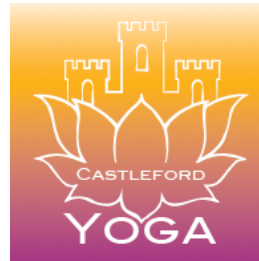


# Pre- Exercise Health Screening & Disclaimer

I will do my best to advise you however; participation in the classes is your own choice and risk.



Name (PRINT) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## email updates/newsletters

If you wish to receive our email updates/newsletters and text updates about class changes such as cancellations, please sign-up enter your details here. (LEAVE BLANK IF YOU DO NOT WANT TEXT/EMAIL UPDATES)

E-Mail: \_\_\_\_\_ Mobile/Contact: \_\_\_\_\_

PLEASE PRINT DETAILS SO WE CAN READ THEM

## Do you suffer from any of the following?

Angina Yes / No	Asthma Yes / No
Back Problems Yes / No	Chest Pains Yes / No
Diabetes Yes / No	Dizzy Spells or Fainting Yes / No
Epilepsy Yes / No	High Blood Pressure Yes / No
Joint Problems Yes / No	Are you pregnant? Yes / No

Have you recently had an operation or illness?	Yes / No
Have you been pregnant within the last 6 months?	Yes / No
Are you taking any medication that the instructor should be aware of?	Yes / No
Has your Doctor ever said that you have a heart condition?	Yes / No
Is there any other reason why you should not participate in physical activity?	Yes / No
Do you have any injuries or problems that might restrict your participation in an exercise programme?	Yes / No

If you have answered **yes** to any of the above, please give details:

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Emergency Contact: \_\_\_\_\_ Mobile/Phone \_\_\_\_\_

What is your main reason(s) for taking up an exercise programme? \_\_\_\_\_

How did you hear about the classes? \_\_\_\_\_

## Disclaimer, Terms and Conditions

1. The Instructors accept no responsibility for any loss, damage or injury to any participants / non participants, or to the personal property of any participant / non participant (or to any person accompanying whether by invitation or otherwise) who enters upon the class premises for whatever purpose and whether such loss, damage or injury is caused directly or indirectly by the Instructors.
2. Every participant in a daily class by their signature hereto warrants that to the best of their knowledge and belief they are suffering from no physical disability or illness whether or not such disability or illness is or may be affected by exercise of whatever degree, and further warrants to advise the Instructors if, after becoming a member they such suffer from such disability or illness and every applicant by their signature agrees to indemnify the Instructors class in respect of any disability or illness whether suffered in the class or otherwise.
3. By participating in a Mpower-Fitness/ Castleford-Yoga class, every participant agrees to abide by our rules and regulations and understands the management reserves the right to refuse entry/participation should these be contravened.
4. Rates for Mpower-Fitness/ Castleford-Yoga services are subject to change.
5. Appropriate clothing/ footwear is required at all times during sessions.
6. Every participant must provide their own mat for all classes.
7. Mpower-Fitness/ Castleford-Yoga respects your privacy. All personal details are treated as confidential and we will not share or redistribute your information with any third party.
8. From time to time we will take photos for promotional purposes to use online, you agree to be featured.
9. All memberships/ packages cannot be shared, they must be used within their expiry periods and cannot be redeemed.

Signature:.....Date:.....

Ensure you have read and understood the Terms & Conditions available on our website [www.castlefordyoga.co.uk](http://www.castlefordyoga.co.uk) before signing this document. By paying for a membership or class package as well as by signing this document you agree to abide by our terms.

