

Participant Consent.

I _____ acknowledge that, by signing this document, I have voluntarily chosen to participate in a program of progressive physical exercise that can enhance the musculoskeletal and cardio respiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible physiological results. By signing this document, I assume all risk for my health and wellbeing and hold harmless of any responsibility, the instructor, facility or any persons involved with this program and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

If for any reason I should not be able to participate in my exercise programme or if I have any injuries that may prevent me from doing so, I will inform my personal trainer/instructor. If at any time during my exercise programme I feel undue pain or excessive discomfort I will stop the exercise and inform my personal trainer/instructor of the symptoms.

I warrant that I have made a full and correct disclosure of my health status on the “Physical Activity Readiness Questionnaire” that my status has not changed since the aforementioned disclosure and that I am not aware of any adverse medical condition in myself which Jane Lewis Fitness would expect me to reveal.

Data Privacy,

Jane Lewis Fitness will need to keep in contact with you via email or telephone regarding your training. Any information shared with Jane Lewis Fitness will not be shared with any third parties. However, with your permission there may come a time when it is necessary to share your information with another health professional.

If you would like to be kept updated with the latest news and any future events or classes then please opt in by indicating how you would like to be contacted.

- Email
 Telephone
 Post

Signature Print name..... Date.....

Parent/Guardian Signature (if signing on behalf of a person under 18)

www.janelewisfitness.com

Mobile: 07870771262

Email: janelewisfitness@gmail.com

Photography/Video Consent.

From time to time Jane Lewis Fitness would like to use photographic and video images taken of you for promotional purposes. These images may be sent out on social media, used for public literature or on the Jane Lewis Fitness website.

I the undersigned allow Jane Lewis Fitness and those working alongside JLF to take photographs and videos of me during an exercise class and grant permission to be used by Jane Lewis and its project partners, to promote and reuse in promotional material and on the Jane Lewis Fitness website.

Signature.....Date.....

Parent/Guardian Signature if signing on behalf of persons under 18.



Medical Form

Name:.....

D.O.B.

Doctors Name and Address:

.....
.....
.....
.....

Conditions.....

.....
.....
.....

Medications

.....
.....
.....
.....

Physical Activity Readiness Questionnaire (PAR Q)



Any information shared with Jane Lewis Fitness will not be shared with any other 3rd Party and stored securely. With your permission there may come a time when it is necessary to share your information with another health professional.

Your Personal Details

Clients: Name: DoB:

Address:
..... Postcode:

Email: Phone:

Emergency Contact Details

Name:

Address:
..... Postcode:

Email: Phone:

Your Health Goals

1. What health goals would you like to achieve in the next 3 months?
.....

2. Name 3 things you could do in order to improve your health?
.....

What are your reasons for starting this programme?

General conditioning	<input type="checkbox"/>	Muscular Strength	<input type="checkbox"/>	Improve self esteem	<input type="checkbox"/>
Weight/fat loss	<input type="checkbox"/>	Aerobic fitness	<input type="checkbox"/>	Appearance	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	Flexibility	<input type="checkbox"/>	Other	<input type="checkbox"/>

How would you describe your health and fitness?
.....

Have you ever done any structured exercise? Yes / No

If "Yes" what did you do?

What type of exercise do you enjoy most?.....

What type of exercise do you dislike most?

What would you say are the main barriers preventing you from exercising?

Lack of facilities	<input type="checkbox"/>	No Motivation	<input type="checkbox"/>	No Time	<input type="checkbox"/>
Injury/illness	<input type="checkbox"/>	Unfit	<input type="checkbox"/>	Appearance	<input type="checkbox"/>
Lack of knowledge	<input type="checkbox"/>	Family	<input type="checkbox"/>	Work	<input type="checkbox"/>

Diet and Nutrition

On a scale of 1-10 (with 1 being poor and 10 being excellent) how would you assess the quality of your eating habits?

Would you like any help or advice in changing the quality of your eating habits? **Yes / No**

Do you follow any particular diet or eating patterns?

Lifestyle

Do you drink alcohol? **Yes / No**

Do you smoke? **Yes / No**

If you answered "yes" would you like help of advice to change these habits? **Yes/No**

Medical History

Have you had a major illness or injury in the last 5 years? **Yes / No**

If "yes" please give details

Are you receiving treatment for any diagnosed medical condition? **Yes / No**

If "yes" please give details.....

Are you taking any prescribed medication? **Yes / No**

If "yes please give details.....

Please indicate if you ever experience any of the following symptoms. Do You:

Ever get unusually short of breath with light exertion? **Yes / No**

www.janelewisfitness.com

Contact: 07870771262

Email: janelewisfitness@gmail.com

Ever have pain, pressure heaviness or tightness in the chest area? Yes / No

Regularly have unexplained pain in the abdomen, shoulders or arm? Yes / No

Ever have severe dizzy spells or episodes of fainting? Yes / No

Regularly get lower leg pain during walking that is relieved by rest? Yes / No

Ever experience palpitations or irregular heartbeats? Yes / No

Are you currently pregnant or have you given birth in the last 6 months? Yes / No

Are there any other health problems you suffer from which you have not already mentioned? Yes/No

If you have answered yes to any of the above please give details.

I can confirm that I have answered all questions honestly and that the information given is correct.

Signature----- Print Name----- Date

Note: This PAR Q becomes invalid should your condition change.

www.janelewisfitness.com

Contact: 07870771262

Email: janelewisfitness@gmail.com