

Welcome to Body Clarity Small Group Fitness - Wavier Form

Name: _____

Address: _____

_____ Post Code: _____

Mobile: _____

Email: _____

Do you suffer from any injury(s) or illness(s)? YES NO

Please explain further if circled YES:

Are you pregnant? YES NO

If YES, how many weeks? _____

If you have recently had a baby have you received clearance from your doctor to commence an exercise program?

YES NO

Please read the following exercise information carefully:

Ask any trainer to guide you into the most suitable program for you. Work on a low level on your first visit and concentrate on learning the exercises properly. On each visit work a little harder but limit yourself so you can talk comfortable. Should you suffer any illness, injury or condition in the future, please complete this form again.

STATEMENT: I recognize the trainer is not able to provide me with medical advice with regard to my medical fitness and that this information is used as a guidance to the limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice above.

CANCELLATION POLICY: For all Body Clarity Small Group Classes, cancelations must be made at least 9 hours prior to the start of the class. Failure to do so will result in forfeiting that credit.

Date: _____

Signed: _____

Body Clarity

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