# Health Waiver

**Your Details**

Name: _____

Age bracket: >20 21-30 31-40 41-50 51-60 61+ Male / Female (Please circle)

Contact Mobile: _____

Contact Email: _____

**Next of Kin / Emergency Contact**

Name: _____

Contact Number: _____

Relationship to you: _____

**Fitness History**

How often do you exercise? (please circle)

6+ times per week
3-5 time per week
1 – 2 times per week
I haven't for quite some time (Please note how long it's been since you exercised 2 times per week)
_____

Please detail what sorts of exercise have you had experience with? (i.e. lifting weights, playing squash, running, zumba, golf, plyometrics, pilates, yoga etc – please be as specific as you can ☺)

_____

Are there any exercises that you have been recommended not to do by a Physician or other medical professional? (please detail)

_____

Do you have any specific goals or events that you're working towards that you would like me to know about and my support with? (Please detail below)

_____

_____

**Please tick these boxes if you agree with these statements:**

- ☐ I have no medical history that would affect my ability to attend fitness sessions
- ☐ I am not taking any medication that could affect my ability to exercise
- ☐ I have no injuries or 'niggles' that could prevent me from exercising
- ☐ While I am aware that every effort has been taken to ensure maximum safety, I understand that the safety of myself and my child/ren are my responsibility
- ☐ I agree that except as providers in the Consumers Guaranteee Act 1993 or provided elsewhere, Launch fitness shall not be liable or responsible for any direct, indirect or consequential injury, loss or damage to the person or property of the client.
- ☐ I declare that the information on this form is true and correct

If you're unable to "tick" all the boxes please specify the areas of concern.

_____

_____

_____

_____ _____

Signature Date