



Please take a few minutes to answer the following questions.

First Name:.....Surname:.....

Date of Birth:..... Email:.....

Address:.....

.....Post code.....

Phone (m).....(H).....

Employer:.....Job title.....

Emergency Contact Name:.....

Relationship..... Contact:.....

What type of training are you interested in? (Please circle)

- 1. Women's Group Fitness
- 2. Unisex Group fitness
- 3. Small group (upto 6)
- 4. Personal training (1 on 1)

What sort of exercise would interest you? (E.g. – boxing classes/outdoor/ mums and bubs)

.....
What times and Days would suit you best?

.....
Why would you like to train with VikFIT? (E.g.-weight loss, women's only classes, meet people, tone and definition, routine, local)

.....
How did you hear about Vikfit?(E.g- friend, f acebook, leaflet)

.....
Thankyou 😊



Health and Fitness Pre- Exercise Screening

Name: _____ Date of Birth: _____ Male / Female Date: _____

Please circle response.

- | | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? | Yes | No |
| 2. | Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? | Yes | No |
| 3. | Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? | Yes | No |
| 4. | Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | Yes | No |
| 5. | If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months? | Yes | No |
| 6. | Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise? | Yes | No |
| 7. | Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? | Yes | No |

.....
.....

If you have answered "YES" to any of the above questions – please seek guidance from your GP or appropriate health professional prior to undertaking physical activity/exercise.

If you answered "NO" to all 7 questions , and you have no other concerns about your health, you may proceed to undertake physical activity/exercise.

I believe that to the best of my knowledge, all of the information I have supplied within this document is correct.

Signature: _____ Date: _____



Waiver/ Consent Form

I consent and authorise that I have given VikFIT accurate details of any medical condition I have, or had that may affect any form of physical exercise under VikFIT Fitness.

I acknowledge that to the best of my knowledge I am physically, mentally and medically fit to participate in a fitness program.

I understand that participating in physical activity that there could be unforeseen risks to my change of health that may cause injury, illness or even death. I cannot bring any claim, legal or otherwise to VikFIT.

I consent to participate in the fitness program and acknowledge that whilst all care is exercised during testing/training, no liability will be accepted by VikFIT for any adverse changes in my medical condition or state of health caused by or experienced during any program or assessment or as a result of advice given to me by staff at VikFIT.

I understand that any personal belongings are my own responsibility and that VikFIT will take no responsibility for any lost or damaged goods.

I understand that sessions are both indoor and outdoor and that VikFIT staff will make the training area as safe as possible but will not take any responsibility for unforeseen injury that may occur.

I have read and fully understand the above consent and any questions which may have occurred to me have been answered to my satisfaction.

Client/Member

Date: _____

Print name: _____ Signature: _____