

How many hours of sleep do you average per night? _____

Are you new to exercise? No Yes If no, how many times a week do you exercise? _____

What are your health and fitness goals? Please number the following 1 to 5 according to their importance (1 being most important and 5 being least important).

- Sculpt & Define Body Fat Loss Body Building Endurance/Stamina To Build Speed
- Strengthening Stress Reduction Rehabilitation Posture Core Strength
- Flexibility Nutrition Other, please explain _____

Contra-indications

The following list of contra-indications shows medical conditions for which it is suggested NOT to use the Vibrogym without consulting a physician or VibroTherapist first: -

- Epilepsy
- Hernia
- Headache
- Kidney & Bile Stones
- Recently placed metal pins or bolts
- Tumours
- Severe Migraine
- Severe Diabetes
- Discopathy
- Long Lasting Fever
- Pacemaker
- Thrombotic Conditions
- Recent Inflammations
- Long term use of pain killers
(in particular, painkillers and corticosteroids)
- Severe Heart & Vascular Disease
- Spondylitis
- Implants
- Rheumatoid Arthritis
- Recent Wounds Resulting from and Operations
- Pregnancy

Are there any other reasons (health or personal) that may limit or prevent you from exercising? _____

INFORMED CONSENT FORM

Your exercise programme will be developed from the information submitted on your par-q and based on the fact that you are apparently a healthy individual. It may involve activities such as resistance training, cardiovascular exercise, stomach work and stretching. The programme may be designed to improve your muscular strength, muscular endurance, cardiovascular fitness and/or flexibility. Your programme will begin with a warm up and finish with a cool down, involving stretches designed to improve your flexibility. All activities will be explained to you.

PLEASE LET YOUR INSTRUCTOR KNOW IF FOR ANY REASON YOU SHOULD NOT PARTICIPATE IN ANY PART OF THE EXERCISE SESSION OR IF YOU THINK YOU MAY HAVE AN INJURY THAT MAY BE AGGRAVATED BY EXERCISE.

Any questions about any part of the session, risks or benefits are welcome. If you have any doubts or reservations please voice these concerns and ask for further clarification.

YOU ARE FREE TO WITHDRAW FROM THE SESSION AT ANY TIME.

Any exercise programme carries with it an element of risk; Injuries may occur, for example sprains, strains and over-use injuries. Your training programme will be designed to minimise the risks involved.

IF AT ANY TIME DURING AN EXERCISE SESSION YOU FEEL FAINT, DIZZY, DISCOMFORT OR PAIN, STOP THE EXERCISE AND NOTIFY THE INSTRUCTOR IMMEDIATELY.

I declare that I have understood these questions and that, to the best of my knowledge the information I have given is correct and I know if no reason why I should not participate in an exercise programme or exercise class, should I choose to do so. I also understand that if any of the above information changes, I will inform the club immediately.

Signed _____ Date

Print Name _____ Instructors Signature _____

WAIVER

If you do not wish to participate in a supervised induction or have an exercise programme designed for you, please read and sign below: -

I agree to abide by the rules of Olney Health and Fitness and agree that the use of the club and any equipment at any time is entirely at my own risk.

Signed _____ Date

Print Name _____ Instructors Signature _____