



Exercise Classes Consent Form

Client Contact Information

Full Name: _____ DOB: _____

Address: _____

Phone: _____ E-Mail: _____

Emergency contact information:

Full Name: _____ Phone: _____

Address: _____

General Statement of the Exercise Classes

I understand that the exercises classes are an organised meeting led by an Athletic Instructor who will orchestrate a group training session that are designed to improve a participant's fitness. The session will may involve numerous exercises of progressive stages of increasing effort, activities that may be strenuous, and may require me to do body movement that I am not familiar with to improve overall fitness. During the class participants may be encouraged to work at sub-maximum / maximum effort and some of the exercise classes will involve physical sparring.

Description of Potential Benefits:

I recognise that exercise classes designed to improve the function of the brain, heart, lungs, muscles, and joints. These may include a decrease in body fat, improvement in blood fats and blood pressure, increase muscle mass & bone density, enhancement in psychological & physiological function, and reduction in health-related medical conditions.

Description of Potential Risks:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of the weightlifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain, and injury even if adequate warm-up, gradual progression, and safety procedures are followed. Sparring may lead to broken bones, concussion, cuts, bruises, and other musculoskeletal and health conditions. I understand that the Athletic Company Limited and its instructor shall not be liable for any damages arising from personal injuries sustained by client (buyer) while and during the exercise class.

Informed Consent for Participation in the Exercise Classes

I desire to engage voluntarily in an exercise program given by Athletic Company Limited / Athletic Potential. I understand that I am responsible for monitoring my

own condition throughout my workouts. Should any unusual symptoms occur, I will cease my participation.

In signing this consent form, I affirm that I have read, accept, and understand this form in its entirety and that I understand the nature of exercise. I know that there may be risks associated with the exercise classes and willingly accept those possibilities. I understand that by entering our premises or using the exercising equipment for any purpose does so at their own risk. I know that it is my responsibility to ensure my own safety and therefore I take full responsibility for my own health and safety in participating in the exercise class and to the extent I deem advisable, will consult a physician before participating in any of the activities.

Agreement and Waiver / Release of Liability

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby act for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

1. Waive, release and discharge from all liability to Athletic Company Limited, and any appointed instructor, or other students for my death, disability, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me in activities related to my training.
2. Indemnify and hold harmless Athletic Company Limited, and any of their instructors and students, from all liabilities or claims made by other individuals or entities because of or relating to my participation in this activity.

Therefore, intending to be bound and as a condition of being allowed to participate in the exercise classes, have freely signed this waiver on the date indicated.

Confidentiality, Data and Use of Information

I consent to the processing of my personal medical data on a secure password protected laptop which is managed by Athletic Company Limited / Athletic Potential. This is in regulation of the of the Data Protection Act 1998.

I have been informed that the information which is obtained in this exercise class will be treated as privileged and confidential and will consequently, not be released or revealed to any person, to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained, however, will be used only by the programme staff to evaluate my exercise status or needs.

The law gives you certain rights in respect of the personal data we hold about you. This includes: Request access to your personal data, request transfer of your personal data and to withdraw consent to hold your personal data (after the mandatory 7-year period).

Fees

Prior to commencing in the exercise classes, we will need you to inform us of how you intend to pay for your treatment. Payment is accepted by cash, debit or credit card.

YOU MAY BE CHARGED THE COST OF YOUR APPOINTMENT IF YOU FAIL TO ATTEND OR CANCEL AN APPOINTMENT WITH LESS THAN 24 HOURS NOTICE. FUTHERMORE, IF YOU CANCEL THREE APPOINTMENTS OR HAVE NOT BOOKED IN FOR 3 MONTHS, YOU MAY BE CHARGED THE COST OF YOUR APPOINTMENTS, LOSE ALL PREPAID BOOKINGS AND BE DISCHARGED FROM THE CLINIC / CLUB.

Recording

The exercises classes may be recorded for marketing or educational purposes. I grant and authorise Athletic Company Limited / Athletic Potential and affiliated companies the right to take, edit, alter, copy, exhibit, publish, distribute, and make use of all videos taken of me to be used in and/or for any lawful purpose. I waive the right to inspect or approve any finished product in which my likeness appears.

This authorization extends to all languages, media, formats and markets now known or later discovered.

☐ Please tick if you want to be excluded from any recording

Marketing Preferences

I agree to receive communications about offers and promotions sent by email, text or post.

☐ Please tick if you want to be excluded from marketing preferences

Inquires and Freedom of Consent

I have been given an opportunity to ask questions as to the procedures. I have read this Informed Consent form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without inducement.

Signed Consent

Client

OR

Name & Signature of person with parental responsibility / person legally entitled to sign on behalf of a person who lacks capacity

Full Name:

Signature:

Date: