



ADULT CONSENT FORM

Please complete to the best of your knowledge. All information remains strictly confidential.

If you do not exercise regularly, it is advised that you consult your GP before participation. Your signature at the end of this form, confirms you are aware of the risks of exercise, have given your informed consent, and are participating at your own free will.

Name:..... DOB:.....

Address:.....

Postcode:.....Contact Number:

Emergency Contact:.....Emergency Contact No:

Email address:.....

Doctors Name/Practice:.....Surgery Contact Number:.....

Do you have any medical condition we need to be aware of? YES/NO

(If yes please state).....

I understand that if I have to take medication whilst at the dance sessions, instructors hold no responsibility for the administration of medication: YES/NO

I am allergic to Penicillin: YES/NO

Is there anything else the company should be made aware of about your wellbeing: YES/NO

(If yes please state).....

I consent to any medical treatment in the event of an accident if I am unconscious or unable to respond: YES/NO

PHOTOGRAPHY AND FILM

The company may take photographs and film sessions for advertising and publicity material. I *do/do not allow myself to be included in this.

Photographs and film may also be used for the company website. I *do/do not allow myself to be included in this.

Whilst participating in the sessions, you will experience cardiovascular exercise, muscle tone and stretch, endurance, flexibility and physical activity such as aerobic exercise, stretching and using equipment. Each exercise will be explained to you. If you have any questions please feel free to ask. Please also notify an instructor should you feel the exercise is inappropriate to you and to find an alternative.

All exercise contains certain risks such as muscle pulls, joint strain, aches and general discomfort in parts of the body that have not been used before. If you feel PAIN please stop IMMEDIATELY and inform the instructor.

In the rare event that a class should be cancelled, do not accept notification from anyone other than Laura Holland or Lyndsey Bailey. We will contact you personally by our usual contact numbers. Please ask if you do not have our contact details

I hereby state that I have read and understand the implications if the sessions I attend, and have the understanding I run the risk of injury or even death in the extreme circumstance.

SIGNED:..... DATE:

PRINT NAME:.....