

Please complete all sections in BLOCK CAPITALS and TICK where appropriate

Mr  Mrs  Miss  Ms  Other  (Please state) \_\_\_\_\_

First Name	Last Name	
Address		
		Postcode
Mobile	Telephone	
Email		

Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 Age 

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Company  Occupation

**Next of kin**

First Name	Last Name
Relationship	Telephone

How did find out about BMF? \_\_\_\_\_

- |   | Yes                      | No                       |   | Yes                      | No                       |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Has a doctor ever said that you have a heart condition and that you should only do physical activity which they have recommended to you? | <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you suffer from epilepsy?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you feel pain in your chest when you do physical activity?  | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you suffer from an allergy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past month, have you had chest pain when not doing physical activity?   | <input type="checkbox"/> | <input type="checkbox"/> | If yes, which medication do you take? _____   |                          |                          |
| 4. Do you lose balance because of dizziness or do you ever lose consciousness?  | <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you suffer from asthma or shortness of breath at rest or with mild exertion?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?                                      | <input type="checkbox"/> | <input type="checkbox"/> | 12. Do you suffer from unusual fatigue with usual activities?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been told by your doctor that you have high blood pressure?  | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you regularly get a sharp pain in your lower leg when walking up hill or upstairs which disappears within 1-2 minutes of stopping? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is your doctor currently prescribing drugs for your blood pressure or a heart condition?   | <input type="checkbox"/> | <input type="checkbox"/> | 14. Are you, or is there any possibility that you are pregnant?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have diabetes mellitus?   | <input type="checkbox"/> | <input type="checkbox"/> | 15. Do you know of any other reason why you shouldn't do physical activity?   | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered YES to ANY of the questions above, please speak to your GP before participating in a British Military Fitness class. If in any doubt, please seek your doctor's advice about your suitability to participate in progressive and unrestricted physical activity.

How would you describe your current fitness level? Very fit  Fit  Average  Unfit

**Declaration**

In consideration of being allowed to participate in the activities and programmes at British Military Fitness, I acknowledge that:

1. I am aware of and understand the potential risks and dangers associated with physical activity including the use of equipment and I am voluntarily participating in these activities with knowledge of the risks and dangers involved.
2. I understand that exercise and fitness activities in the outdoors involve a risk of injury or even death and that I am voluntarily participating in these activities and using equipment and facilities with knowledge of the dangers involved. I hereby agree and expressly assume all and any risks of injury or death.
3. I know of no reason why I should not participate in any of the programmes and activities at British Military Fitness. I hereby declare myself free of any condition, disease, infirmity or illness that may affect my participation. I agree to inform a member of staff and where appropriate provide written consent from my doctor should such a condition or complaint arise before continuing with any activity.
4. I agree to abide by all oral notices regarding safety whilst at a British Military Fitness class. I am aware I have the opportunity to ask questions about the activities, general use of equipment and other related issues at class. If I choose not to take the advice or to disregard any advice given, I do so voluntarily and accept liability for all resulting injuries or damage.
5. I do hereby waive, release and discharge British Military Fitness from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment or facilities in the above mentioned activities.
6. This questionnaire has been completed accurately to the best of my knowledge and belief.

**I have read, understood and completed this questionnaire and agree to be bound by its conditions.**

**I agree to receive the BMF newsletter, offers and promotional emails.**

Signed  Date

Print name