

Declaration of Acceptance to undertake Physical Training

Please tick all boxes as having read and accepted each paragraph

- I accept to undertake the forthcoming physical activity and I have made the personal trainer aware of any personal limitations I may have with regard to undertaking a physical activity. I have completed the medical questionnaire highlighting any physical injuries or issues with regard to my health that the personal trainer should be aware of.

- I accept that physical activity cannot offer a complete guarantee of safety and that there is a risk involved with regard to injury on undertaking such training.

- I will at all times conduct my self with due regard to my health and safety and the health and safety of others whilst training and I will obey all lawful instructions given to me and comply as far as is practicable with the safety instructions provided for my safety.

- If I am injured during training I will immediately bring this to the attention of the trainer or a member of staff.

- I will at all times take whatever action is necessary to reduce or eliminate the risk of injury to myself and others by undertaking the training in accordance with the safety instructions and briefings provided for the safety of myself and others.

- I will abide by all lawful instructions by the personal trainer or any other delegated member of staff.

- I will not attempt to teach any technique shown to me during the course of training without the express permission of the personal trainer.

- I will not attempt or demonstrate any technique from any other training source without first gaining permission from the personal trainer.

- I accept that if I act in any intentionally negligent way that compromises my safety or the safety of others or which causes harm to myself or others I may be removed from the training immediately at the discretion of the personal trainer.

- I will bring to the personal trainer's attention anything that I feel is a risk to any person (including the myself) which comes to my attention during the duration of the training. This also involves any actions by others who I honestly feel may seriously compromise the health and safety of others. I expect any such forthcoming information to be treated with due regard to privacy and in a confidential and professional manner.

Print Name.....

Signature:.....

Date:.....