

# CLUBBERCISE PAR-Q & LIABILITY WAIVER

**Clubbercise is an aerobic exercise class taught in a darkened room with flashing lights.**

*If you suffer from any form of photosensitivity or light sensitivity this class is not suitable for you.*

*Listen to your body, take the class at your own pace and choose lower impact options if you find the high impact moves too challenging. It is vital you stay hydrated during the class, have a drink whenever you need it.*

Full Name: .....

Email: .....Postcode:.....

Tel: ..... Date of birth: .....

Emergency contact (name & no): .....

How did you find out about this class?:.....

## MEDICAL HISTORY (please circle your answers)

1. Have you ever suffered with epilepsy?  
**WARNING: Flashing lights are used in this class** YES / NO
2. Are you pregnant? If yes, how many months? ..... YES / NO
3. Have you ever suffered from heart trouble? YES / NO
4. Are you presently taking any form of medication? YES / NO
5. Do you suffer from chest pains? YES / NO
6. Do you ever have spells of dizziness or feel faint? YES / NO
7. Have you ever had either high or low blood pressure, and/or high cholesterol? YES / NO
8. Have you ever had asthma, chronic bronchitis or any other chest ailments? YES / NO
9. Do you suffer from severe back pains or any orthopaedic problem? YES / NO
10. Do you suffer from severe headaches or migraines? YES / NO
11. Are you recovering from a recent illness / operation or injury? YES / NO
12. Have you any medical condition that we should be aware of? YES / NO
13. Is there any history of heart disease in your immediate family (before age 55)? YES / NO

## PLEASE NOTE: If you have answered YES to any questions 1 - 13, you are advised to seek medical advice/approval before taking part in this class.

I have been informed that if I answer YES to any of the questions 1 - 13 of the questionnaire I should seek medical advice/approval before commencing this class. If I wish to continue without such advice I do so entirely at my own risk. I confirm that I have read, fully understood and answered honestly.

I understand the nature of the Clubbercise class and confirm that I am in proper physical and mental condition to participate. If at anytime I have questions, feel unsafe or unwell I will immediately inform the Instructor (or their assistant) and discontinue further participation in the class.

I understand that neither the Instructor or Clubbercise Ltd can be held responsible for any injuries or ill health of any kind arising from participation within this class.

Signed: ..... Date: .....

**If you are happy for me to collect and store your personal data please tick here**  (See below)

**IMPORTANT:** If you don't tick this box it will not be possible to let you know about class cancellations

**OVERVIEW WORDING** I would like to collect and use your personal data to keep you updated about my group exercise classes, **such as cancellations and changes to classes** and to keep me informed about any health or wider needs you have that I need to consider whilst delivering your class/es. See overleaf for 'Participant privacy notice'

## Participants Privacy Notice – Melanie Pitter - Group exercise instructor

As your group exercise instructor, I am committed to protecting your privacy. This privacy policy sets out how I use and protect any information that you give me.

### Your personal data and your membership

As an attendee of my group exercise classes, I collect, store and use the personal data that you provide me. I do this so that I can effectively manage my classes and ensure that as a participant you are kept informed and safe. I may use your data to contact you with class updates, **such as changes to classes or cancellations** and wider group exercise related opportunities I think you may be interested in. I will use your data to keep me informed about any health or wider needs you have that I need to consider whilst delivering your class/es. If you have provided me with emergency contact details I will use this data when required. Some of the data that I collect from you is 'specialist category'. This includes (not exhaustively) any data relating to disabilities and health. I collect and use this data to enable me to tailor activities to your needs.

Unless you have given me separate written consent, I will cease to contact you 6 months after your stop attending my class/es. At this point I will also delete/destroy all personal data that is not linked to financial records. I will store any personal data linked to financial records for a 6-year period. HM Revenue and Customs (HMRC) have the right to inspect financial information relating to the previous 6 years and require all trading entities to keep financial records for this length of time.

I will not share your personal data. All data you provide to me is stored on a password protected device and/or locked away. The only exception to this rule is when I carry paper copies of your personal data to the class/es that you attend. I must do this so that I have your health needs and emergency contact details to hand should they be required.

You may request details of personal data which I hold about you or withdraw your consent at any time. You can contact me on **07432 653073** or [melpfitness@gmail.com](mailto:melpfitness@gmail.com) If you have any concerns about my information rights practices you can raise them here [www.ico.org.uk/concerns](http://www.ico.org.uk/concerns) or by calling 03031231113. *Melanie Pitter -June 2018*

**I have read the Privacy notice above and am aware that my personal information will not be passed onto another organisation/agency.**

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_