

**Physical Online Fitness Readiness Questionnaire**

A close up of a sign

Description automatically generatedParticipating in a live streamed class is very different to participating in a class face to face with the instructor. Whilst both are fun, there is a bigger responsibility to you as the participant to ensure that you are following your instructions to get a safe and effective workout

Please complete the form below, and do not hesitate to contact your instructor with any questions

In consideration of being allowed to participate in the activities and programmes of Inclusfit, I do hereby waive, release and therefore discharge Inclusfit from any and all responsibility or liability for injuries or damage resulting from my participation in any activities using a live stream method for delivery

I understand and I am aware that strength, flexibility and aerobic exercise including the use of  
equipment where specified, are potentially hazardous activities. I also understand that exercise and fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and use of equipment where specified with the knowledge of the dangers involved.

I hereby agree to expressly assume and accept all and any risks of injury and death.  
I am aware that I have the right to request advice from any of the Inclusfit team, at any time, in relation to the activities and exercise being undertaken and, but not exclusively, their suitability for me, with particular regard to my health and clothing.

If I choose not to take the advice, or to disregard any advice so given, I do so voluntarily and accept liability for all resulting injuries or damage.

I do hereby declare myself to be physically sound and suffering from no impairment, disease or infirmity or other illness (other than those stated) that would prevent my participation in live streamed fitness classes or activities except as herein stated.

I acknowledge that I have either had a physical examination and have been given my doctors permission to participate, or that I have decided to participate in activity and use of equipment where specified without the approval of my doctor and  
do hereby assume all responsibility for my participation and activities

**Name: DOB:**

**Address:**

**Email: Telephone Number:**

**Please inform us of any medical conditions:**

**Please inform us of any medication:**

**Signed: Print: Date:**