

Health declaration

Name:

M / F

Date of birth: / /

Address:

Postcode: Place:

(Mobile) phone:..... E-mail:

Questions regarding your overall health

Yes No

1. Are you currently healthy?

.....

2. Do or did you suffer from one of the following conditions:

- Heart diseases?
- Serious hypertension?
- Epilepsy?
- Kidney failure?
- Serious asthma?
- Recently performed surgery?
- Migraine?

.....

- Auto-immune diseases (such as rheumatism, MS, Crohn, diabetes, asthma), if so, which?

.....

- Other conditions

.....

3. Do you currently use:

- Medication for the heart
- What medication do you use?

.....

4. Are you allergic to a certain substance? (food/environment etc.)

.....

5. Are you currently pregnant or do you wish to become pregnant?

6. Is there anything else your practitioner should know about?

.....

7. I hereby declare to have filled out this form truthfully.

Date: / /

Signature of participant:

Group Fitness Class Informed Consent Form (Tai Chi)

Please Print

Name of Participant (First and Last): _____

Street Address: _____

City: _____ County: _____ Postcode: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

INFORMED CONSENT FOR EXERCISE PARTICIPATION

I desire to engage voluntarily in an exercise Aristos Tropos Tai Chi program provided by Aristos Consulting Ltd. I understand that the activities may be strenuous, and may require me to do body movement that I am not familiar with in order to improve overall fitness. I understand that I am responsible for monitoring my own condition throughout my workouts. Should any unusual symptoms occur, I will cease my participation.

In signing this consent form, I affirm that I have read, accept and understand this form in its entirety and that I understand the nature of exercise. I know that there may be risks associated with fitness classes and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the fitness class and to the extent I deem advisable, will consult a physician before participating in any of the activities.

AGREEMENT AND WAIVER / RELEASE OF LIABILITY

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

1. Waive, release and discharge from any and all liability to Piotr Pudelko, and any appointed instructor, or other students for my death, disability, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me in activities related to my training.
2. Indemnify and hold harmless Aristos Consulting Ltd., and any of their instructors and students, from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

Therefore, intending to be bound and as a condition of being allowed to participate in the Tai Chi class, have freely signed this waiver on the date indicated.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (Required if under 18 years old):

Print Parent/Guardian Name: _____