



## BARNHAM FITNESS INITIATIVE – REGISTRATION FORM

NAME (Mr/Mrs/Miss/Ms/Dr):		D.O.B
HOME ADDRESS:		POSTCODE:
HOME PHONE NO.:	MOBILE PHONE NO.:	EMAIL:
EMERGENCY CONTACT:		PHONE NO.:
HOW YOU HEARD ABOUT US?		

DISCLAIMER – Waiver of claims, assumption of risks and indemnity agreement.

I, \_\_\_\_\_, (FULL NAME) agree to participate in the Barnham Fitness Initiative with a STAR Health and Performance instructor that is suitably qualified and possesses both public liability insurance and a first aid certificate. I recognise that exercise is not without varying degrees of risk to musculoskeletal and/or cardiorespiratory systems and understand that exercise holds a risk (however small) of serious injury or possible death. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in exercise and realise it is my responsibility to make the instructor aware of any medical conditions I may have, and any medication I may need. I agree to waive, release, remise and discharge STAR Health & Performance and its instructors of any and all claims, demands, actions or damages of any kind resulting from participation in the Barnham Fitness Initiative. **I confirm that I have read and understood this agreement prior to signing it.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Participant Signature (sign & print name) Day/Month/Year

### PLEASE NOTE

Participants must also complete a Physical Activity Readiness Questionnaire – Known as the “PAR-Q” form