



Participant Physical Activity Health Form

Please read carefully. If you answer “yes” to any of the questions below you will be required to sign a Medical Disclaimer.

Please answer the following questions Yes or No

1. Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?
2. Do you have chest pain brought on by physical activity?
3. Have you developed chest pain in the last month?
4. Do you tend to lose consciousness or fall over as a result of dizziness?
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
6. Has a doctor ever recommended medication for your blood pressure or a heart condition?
7. Are you aware, through own experience or from a doctor’s advice, of any other physical reason why you should not exercise without medical supervision?
8. Are you currently, or have you been pregnant in the last six months?

Informed Consent

The purpose of the session is Personal Training and Yoga. The activities will include adaptations and progressions to accommodate a variety of fitness levels.

All activities are designed to be safe and effective with minimal risk of injury.

Please inform the instructor for any reason you feel you should not perform any of the activities (e.g. Illness or injury that could be aggravated by such activity).

If, at any time you feel pain or discomfort, stop performing the activity and inform the Learner.

Participant Video Consent

I hereby give full permission for the recording of the class for ZOOM lessons purposes.

Instructor: Sam Kent-Brown

Your signature: (Participant)

Date: