



REGISTRATION FORM

The information you provide here confirms your registration and enables the understanding of your fitness experience and health, so that the highest level of safety and care can be provided to you. Without information on any health conditions, injuries or changes, it cannot be guaranteed that you will get the most out of your session. Your information is considered private and will remain strictly confidential, in accordance with Verve For Life's Privacy Policy.



CONTACT DETAILS

(Please print clearly)

Name:	
Address:	
	Postcode:
Email:	
Phone (H):	
(M):	
(W):	
Date of Birth:	



HEALTH DETAILS

(Please circle)

1. Have you recently undergone surgery (within the last year)?

Yes No

If yes, provide details:

2. Do you have any ongoing medical conditions (e.g. high/low blood pressure, diabetes, epilepsy etc)?

Yes No

If yes, provide details:

3. Are you pregnant or post-natal?

Yes No

If yes, how many weeks?

4. Are you carrying any new/old injuries?

Yes No

If yes, provide details:

5. Who to contact in case of emergency:

Name:

Phone:

Relationship to you:

6. Are you currently on any medications?

Yes No

If yes, for what condition(s)?:

Please describe any known side effects of these medications

(e.g. change of heart rate, lack of coordination etc.) that may impact your personal training.

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GENERAL

(Please circle)

7. We provide our clients with newsletters and information about our classes and services including special offers. Do you wish to receive these?

Yes No

8. How did you find out about Verve For Life?

Google

Website

Friend/Family - if so, may we have their name as we would like to thank them personally:

[Redacted text box]

Other:

[Redacted text box]

IMPORTANT

I understand that fitness activities, especially strength and aerobic training, can lead to serious physical injuries. I acknowledge and agree that I am solely responsible for my safe and responsible use of the Verve For Life facilities, whether or not supervised by a Verve For Life representative. In consideration for use of the Verve For Life facilities, I hereby expressly assume the risk that I may suffer injury as a result of my use of Verve For Life's facilities or equipment or participation in Verve For Life's activities. I agree for myself and on behalf of my guests, heirs, representatives, successors and assigns ("User Parties") that Verve For Life, including its owners, partners, members, directors, officers, employees and agents ("Verve For Life Parties") will not be liable for any damages or injuries I or User Parties may suffer in or about Verve For Life. I agree for myself and on behalf of my User Parties that none of us will make any claim against, sue or attack the property of any Verve For Life Party or affiliate thereof, whether such claims arise from the negligence of the Verve For Life Parties or otherwise, to the fullest extent permitted by law, and that each of us will hold harmless all such Verve For Life Parties for any such claims. I also agree that Verve For Life will not be liable for any loss, theft or damage to my personal property in or about Verve For Life, including any personal property kept in a locker at the Verve For Life facilities. If any portion of this Waiver of Claims and Release of Liability is held invalid, the remainder shall continue in full legal force and effect.

Signature of participant

[Redacted signature box]

Date

[Redacted date box with slashes]

If participant is under 18: As legal guardian of this participant, I consent to the above terms and conditions.

Signature of parent/guardian

[Redacted signature box]

Date

[Redacted date box with slashes]

We occasionally post images of our wonderful clients and services to facebook, our website and other social media platforms. Please tick this box if you do not consent to your photograph being used.