



PRO PERFORMANCE
ACADEMY



TRAINING QUESTIONNAIRE

Name.....

Address.....

.....

Phone..... **Mobile**.....

E-Mail.....

Age..... **D-O-B**.....

**Please give a brief description of your
goals & what you would like to achieve:**

MEDICAL PROFILE:

Do you have a current injury yes-no (please circle)

Date injury commenced.....

Have you sought medical/sports medicine advice yes-no

Are you currently having treatment for this injury yes-no

(Please complete the following to the best of your knowledge)

GP'S Name.....

ADDRESS.....

.....

Have you ever had surgery

Are you currently taking medication

Have you any allergies

Have you ever become dizzy/fainted when performing exercise/or afterwards

O Have you ever experienced chest pain when performing exercise/or afterwards

O Have you ever had high blood pressure

O Have you any heart condition/murmur

O Do you experience any breathing discomfort during or after exercise

O Do you have any skin problems (rashes etc)

O Do you wear glasses/contacts or any protective eye wear

O Have you had any problems with your eyes/vision

O Have you any other medical problems (asthma/diabetes etc)

O Are there any special instructions/precautions to ensure your medical wellbeing/safety

Please highlight the O areas & specify in more detail below:

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WAIVER of RISK, LIABILITY, INDEMNITY & DISCLAIMER

RISK: I....., understand & am aware that physical activity, high intensity training including the use of facilities, equipment & machinery, carries with it dangerous risks that cannot be eliminated regardless of the care to avoid injuries. These physical activities involve a risk of injury & even death & I am voluntarily participating in these inherently dangerous activities offered through BHPPA with the knowledge of the inherently dangers involved. I fully understand the nature of physical activity at BHPPA the physical demand of activities made possible by BHPPA, and I may injure myself as a result of my participation in BHPPA technical, exercise & fitness programmes. I hereby affirm that my participation at BHPPA is voluntary & expressly assume & accept any & all risks of injury & death. (sign & date).....

INDEMNIFICATION:I....., also agree to HOLD HARMLESS & INDEMNIFY BHPPA from ordinary negligence & to reimburse them for any expenses incurred as a result of my participation in any exercise, training & fitness activities with BHPPA. I further do agree to pay all costs & legal fees incurred by BHPPA in investigating & defending a claim or suit if my claim is withdrawn, or to an extent that a court or arbitration determines that BHPPA is not responsible for the injury or loss. (sign & date).....

LIABILITY: I....., for myself, my heirs, personal representatives & assigns in consideration of authorization to use, today & on all future dates, the property, facilities & services of BHPPA in addition to the payment of any fee or charge, do hereby release, waive, covenant, not to sue & discharge its owners, directors, officers, employees, trainers, contractors, representatives, franchisees, volunteers, agents & all others from any and all claims, demands & causes of action arising from the ordinary negligence or omission of BHPPA or any of the aforementioned parties. This agreement applies to 1: personal injury(including, but not limited to, death, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, or any other illness, soreness or injury), however caused, occurring during or after my participation in BHPPA exercise programmes or activities including, but not limited to, high intensity interval training, elastic resistance band training, weight training, bodyweight training, organized activities & classes. (sign & date).....

DISCLAIMER:.....I understand fully that the recommendations, instructions, advice & content at physical sessions, on websites, or e-mail are in no way intended to replace or be construed as medical advice. BHPPA & their respective agents, heirs, assigns, contractors & employees shall not be liable for any claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected to the use of any of the content used in our training programme, including injuries resulting there from (sign & date).....

DISCLAIMER
BHPPA Photography/Video Release Waiver

I am fully aware that BHPPA may make video recordings of workouts/training camps or take photographs for later use on websites, promotional materials, facebook or in any other way they see fit.

By signing this document I hereby authorize BHPPA to use my name, voice, photographs and video taped picture for any of the aforementioned purposes.

EXERCISE PROGRAMME DESCRIPTION

I understand that my technical and fitness training programme will involve participation in various activities. These activities will vary depending upon my objectives, discussed with my trainer, but are likely to include:

- Anaerobic and aerobic activities including, but not limited to, running, jumping, squatting and the use of aerobic-conditioning.
- Muscular endurance and strength building exercises including, but not limited to, running, jumping, squatting, pushing, pulling and the use of strength building equipment.
- Selected physical fitness and body composition tests:
- Plus other activities selected by my trainer and agreed upon

by me.

I hereby state to my knowledge I am physically fit and sound and agree to use exercise equipment such as footballs, resistance bands, kettlebells, body bars, stability balls, trampette, kick bags plus other soccer & fitness specific equipment.

PHYSICAL WELLBEING

BHPPA strongly recommend that before taking on any physical training programme you consult your GP or Practitioner, you understand this advise and are fully aware of our recommendation and interest in your physical wellbeing.

COPYRIGHT DISCLAIMER

I have also read & fully understand the copyright notice & agree that I will not breach any of the license regulations stipulated in the terms.

INSURANCE

BHPPA is covered by full public employers liability insurance, is qualified & highly trained in its field & is in attendance at Emergency Aid courses on a regular basis.

Disclaimer: Signed.....Date:.....

