



## Pre- Exercise Health Screening & Disclaimer

We will do our best to advise you however, participation in this class is your own choice and risk.

Name (PRINT) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Mobile/Contact: \_\_\_\_\_

### Do you suffer from any of the following?

- |                                                                                |          |
|--------------------------------------------------------------------------------|----------|
| Angina                                                                         | Yes / No |
| Asthma                                                                         | Yes / No |
| Back Problems Yes / No Chest Pains                                             | Yes / No |
| Diabetes Yes / No Dizzy Spells or Fainting                                     | Yes / No |
| Epilepsy Yes / No High Blood Pressure                                          | Yes / No |
| Joint Problems Yes / No Are you pregnant?                                      | Yes / No |
| Have you recently had an operation or illness?                                 | Yes / No |
| Have you been pregnant within the last 6 months?                               | Yes / No |
| Are you taking any medication of which the instructor should be aware of?      | Yes / No |
| Has your Doctor ever said that you have a heart condition?                     | Yes / No |
| Is there any other reason why you should not participate in physical activity? | Yes / No |

Do you have any injuries or problems that might restrict your participation in an exercise program?  
Yes / No

If you have answered yes to any of the above, please give details:

Emergency Contact: \_\_\_\_\_ Mobile/Phone \_\_\_\_\_

What is your main reason(s) for taking up an exercise program? \_\_\_\_\_

How did you hear about the classes? \_\_\_\_\_

### Disclaimer, Terms and Conditions

1. The Instructor accepts no responsibility for any loss, damage or injury to any participants / non participants, or to the personal property of any participant / non participant (or to any person accompanying whether by invitation or otherwise) who enters upon the instructor's premises or place of business for whatever purpose and whether such loss, damage or injury is caused directly or indirectly by the Instructors.
2. Every participant in a daily class by their signature hereto warrants that to the best of their knowledge and belief they are suffering from no physical disability or illness whether or not such disability or illness is or may be affected by exercise of whatever degree, and further warrants to advise the Instructors if, after becoming a member they such suffer from such disability or illness and every applicant by their signature agrees to indemnify the Instructors class in respect of any disability or illness whether suffered in the class or otherwise.
3. By participating in a Denise E. Williams exercise class or healing session, every participant agrees to abide by our rules and regulations and understands the management reserves the right to refuse entry should these be contravened.
4. Rates for Subtle Woman services are subject to change.
5. Appropriate clothing is required at all times during sessions.
6. Every participant must provide their Hoop or required equipment.
7. Denise E. Williams DBA Subtle Woman respects your privacy. All personal details are treated as confidential and we will not share or redistribute your information with any third party.
8. Class passes cannot be shared; they must be used within their expiry periods.

Signature:..... Date .....

#### OFFICE USE ONLY

Valid State Issued ID No. \_\_\_\_\_ Exp: \_\_\_\_\_ State: \_\_\_\_\_