

<b>Instructor:</b>	Sylvianne (Sylvi) Delaney
<b>Venue Name:</b>	
<b>Your Name:</b>	
<b>Your Address:</b>	
<b>Your Mobile/Ph:</b>	
<b>Your Email:</b>	
<b>Emergency Contact Name:</b>	
<b>Emergency Contact Ph:</b>	
<p>Do you have any medical conditions or injuries that may prevent you from participating in this class?</p> <p><b>(We recommend obtaining medical clearance from a medical professional prior to participation in this class if you have any medical condition which may be affected by exercise)</b></p>	<input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> Chest Pain (resting or exercising) <input type="checkbox"/> Diabetes <input type="checkbox"/> Dizziness whilst exercising <input type="checkbox"/> Lung Disease <input type="checkbox"/> Muscle/Bone/Joint Disease <input type="checkbox"/> Any other medical condition which may make it dangerous for you to participate in physical activity / exercise (please list):

**Disclaimer:** I hereby acknowledge that the information provided above regarding my health is, to the best of my knowledge, correct. I will inform the Instructor immediately of any changes to the above information. I acknowledge that during physical exercise classes, an accident may occur involving injury or damage. In signing this form, I indemnify the Instructor and the proprietors of the Venue from all legal actions, injuries, claims, loss, damage, penalties and costs arising from my participation in this physical activity.

<b>Your Signature:</b>	
<b>Today's Date:</b>	