

Health Screening Form

PLEASE SEE YOUR INSTRUCTOR BEFORE STARTING CLASS TO DISCUSS ANY PRE-EXISTING MEDICAL CONDITION OR INJURY. IF YOU HAVE CONCERNS PLEASE E-MAIL

Info@meiam.org

BY AGREEING TO THIS QUESTIONNAIRE YOU TAKE RESPONSIBILITY FOR ANY INJURY AND UNDERSTAND THAT YOU PARTICIPATE IN OUR BODY WELLBEING CLASSES AT YOUR OWN RISK AND ARE RESPONSIBLE FOR SEEKING MEDICAL ADVICE IF REQUIRED IN ADVANCE WE RECOMMEND THAT IF YOU HAVE AN EXISTING INJURY OR HEALTH ISSUE, TO SEE YOUR PRACTITIONER FIRST.

1. Do you frequently have pains in your heart or chest?

YES NO

2. Has your doctor recommended medication for your blood pressure/heart?

YES NO

3. Do you tend to lose consciousness or fall over as a result of dizziness?

YES NO

4. Do you have a bone/joint problem that could be aggravated by exercise?

YES NO

5. Have you suffered from any injuries? If yes, please provide details in notes section.

YES NO

6. Are you or could you be pregnant?

YES NO

7. Do you currently smoke / Have you recently given up

YES NO How many per day? How long since quitting?

8. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision?

YES NO

IF you answered YES to any of the above questions, we recommend that you check with your doctor that it is safe for you to proceed with this class. Also if you answered YES to any of the above please answer the following further two questions below, and give any details in the NOTES section.

1. Have you consulted with your physician regarding the proposed change/increase to your physical activity and been told this activity is appropriate for you?

YES NO

2. If you answered No and you have not consulted with your physician before beginning this activity please confirm that proceeding forward you do so at your own risk.

YES NO

Notes-

Signed:

Date:

Informed Consent and Release and Waiver of Liability

Full Name		Date of Birth	
First Line of Address		Postcode	
Home Phone		Mobile	
Email			
Emergency Contact		Relationship	
Their Phone Number		Alternative No.	

May we send you notices via email about specials, events, etc...? YES NO

How did you hear about us?

Release and Waiver of Liability In consideration of my being allowed to participate in the programs of meiam and to use it's equipment, I agree to the following waiver and release:

- 1.I, for myself, my heirs, executors or anyone else who may claim on my behalf, hereby waive, release and forever discharge, meiam and its employees, representatives, executors, and all others from any and all responsibilities or liability from personal injury, death, damage to property or loss of any kind resulting from participation in any programs or my use of equipment in the below-mentioned activities.
- 2.) I do also hereby release, meiam and its officers, agents, employees, representatives, executors, and all others from any responsibility or liability for any injury or damage to myself, including those caused by negligence.
- 3.) I understand that strength, flexibility and aerobic exercise, including the use of equipment offered by meiam is a potentially hazardous activity with certain risks and benefits. Some of which are included but are in no way limited to: soft tissue injuries such as wounds, bruises, muscle strain, muscle soreness, sprains, acute strains, broken bones, head injuries, back/neck injuries, knee/foot injuries, heart attacks, death, improved cardiovascular fitness and flexibility, increased strength and muscle tone.
- 4.) I also understand that while some of the risks and hazards involved in using the equipment of meaim are foreseeable, others are not. I understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
- 5.) I acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activity and use equipment without the approval of my physician and do hereby assume all responsibility for my participation and activities and utilisation of equipment and machinery in my activities.

6.) I understand meiam its owners/employees/instructors are not medical personnel, may make no medical judgments, give no medical advice and provide no medical care or therapy.

7.) I understand that all of the choreography, instructional techniques, as well as the class structure contained within these classes have been created expressively for 'meiam' by it's owner/creator, and fall under copyright/trademark laws as intellectual property, and may not be resold or bartered, for material gain or material profit of any kind, without expressed written permission and fair compensation to 'meiam' I have read, understand, and have had the opportunity to ask questions of this legal document and I hereby unconditionally release meiam, its entities, employees and instructors from any and all liability resulting from any injuries which may result from classes, instruction, parties, events and equipment.

Please inform your instructor before your class if you have any injury's, illnesses, pregnancy or medical conditions. Participation is completely voluntarily and please inform your instructor if you feel there are any parts of the class you are unable to participate in.

If at any point during the session you feel excessive pain or discomfort please cease what you are doing and notify your instructor immediately.

In addition:

- **I know that payment is required in advance for all classes and groups including class series.**
- **I know that I am required to use my purchased sessions/classes/courses within the specified time frame. Example - a bundle of 4 must be used within 4 weeks 8 within 8 weeks etc...**
- **I understand that there is a cancelation policy in place with a full payment required if cancelled within 24 hours**

Please Sign below to confirm that you have read, understood and have agreed to participate in these sessions with full knowledge of what they entail and understand that you are able to withdraw from the session at any time.

Signature:

Date:

/

Lifestyle Questionnaire - Optional

What are your health, fitness and flexibility related goals?

Short Term	Long Term

Where in your body do you feel pain, stiffness and aches? - Please be as specific as possible

When do you feel the above sensations – Eg. All day, Just after waking, when sitting, at night

Do any parts of your lifestyle require extended periods of sitting? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do any parts of your lifestyle require extended periods of repetitive movements? YES <input type="checkbox"/> NO <input type="checkbox"/>
---	--

If you answered yes to either of the above please describe in more detail below

Do you frequently wear heels or dress shoes? YES <input type="checkbox"/> NO <input type="checkbox"/>	Does your lifestyle cause you anxiety (mental stress)? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--

What forms of exercise do you usually partake in and how frequently do you engage in them?

Please also mention any hobbies that are considered active ie, gardening, golf, etc...