

Align & Balance Nordic Walking Fitness Classes

PARTICIPANT REGISTRATION

Align & Balance is compliant with the Privacy Act in handling personal information. Align & Balance holds information to administer its services and uses and discloses it only where required to provide the services offered by or through Align & Balance. To request information about Align & Balance Privacy Policy or the information held about you, contact Nicola Gibbons at alivealive@westnet.com.au or via phone: 0415 524 953.

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email address: _____

Emergency Contact: _____
Name and phone number

Exercise History

Are you currently participating in any regular physical activity? Yes / No

If Yes, please detail what and how much physical activity you are currently participating in.

Examples include: Walking 3 days per week / Competitive Sport 2 x per week / Gardening 1 day per week / Yoga 1 class + 2 home sessions per week.

Medical History

Have you ever experienced high blood pressure? Yes / No

Have you or anyone in your family suffered from heart disease? Yes / No

Do you currently have a physical injury or any medical condition which may affect your ability to participate safely in any exercise? Yes / No

If Yes, please provide details: _____

DISCLAIMER:

I, the undersigned, am physically capable of and there is no undisclaimed medical reason to prevent me from safely participating in any of the nordic walking fitness classes or training groups. I am aware that I must inform Align & Balance of any any medical condition, previous physical injury, or advise them of anything that may restrict me from participating safely. I also promise to inform Nicola Gibbons the instructor before the start of any organised session that I participate in of any ailment or temporary condition that may risk my safe participation. I am aware that failure to inform the instructor could lead to possible injury, illness and even death to myself. I am aware that there is a risk in any physical activity and I voluntarily accept that risk.

In consideration of being allowed to participate in the physical activities of the nordic walking fitness classes or training groups I accept the conditions aforementioned and hereby waive, release and forever discharge Align & Balance, its directors, instructors, members, servants or agents from liability for any injury, illness, death, damage or loss however caused to me arising out of my participation in the physical activities and use of equipment.

Name (print): _____ Date: _____

Signature: _____