

DISCLAIMER

NAME _____

EMAIL _____

TELEPHONE _____

MEDICAL HEALTH INFORMATION

Please circle if you have had any of the following conditions:

High blood pressure Diabetes Cancer Chest pain Dizziness
Surgeries in last 5 yrs Epilepsy Heart condition Osteoporosis
Other (please explain) _____

Are you currently on any sort of medication? YES / NO
If yes please explain: _____

Has a doctor advised you not to perform any strenuous activity? YES / NO

Is there anything we should know about regards your physical health and ability to perform this type of physical activity? YES / NO
If yes please explain: _____

I am aware of and understand the potential risks associated with aerial training, including the use of aerial equipment. I understand that if I partake in this activity I do so voluntarily at my own risk.

I understand that I am responsible for monitoring my own physical condition throughout my participation in this activity and that, should any unusual symptom occur, I will cease participation and inform the teacher immediately.

If, after I have completed this questionnaire, my medical condition changes, or I become aware of any other factor that might affect the information I have provided, I will complete a new questionnaire.

I confirm that I have read and understood this questionnaire and the information I have given is complete and accurate, to the best of my knowledge.

SIGNED _____ **DATE** _____