



Par Q/ Informed consent – Liability Waiver

Where did you here about Ozonefit?.....

NAME

TELEPHONE

ADDRESS

NEXT OF KIN NAME

RELATIONSHIP

EMAIL ADDRESS

NOK CONTACT NUMBER

DOB

**MALE
FEMALE**

PLEASE TICK

The training you will undertake is of great health benefits; however if you are in any doubt regarding your suitability to perform exercise, it is recommended that you should check with your doctor before you start.

Please answer all questions carefully and honestly by ticking YES or NO.

If you need to discuss anything with your instructors be assured it will be in confidence.

I understand that if I answered yes to one or more of the above questions,

I should speak directly to my instructors before starting any activity.

- | | | |
|---|-----|----|
| (1) Has your doctor ever said that you have a heart condition? | YES | NO |
| (2) Do you feel pain in your chest when doing physical activity? | YES | NO |
| (3) In the past have you ever had a chest pain? | YES | NO |
| (4) Do you loose balance due to dizziness or loosing consciousness? | YES | NO |
| (5) Has a doctor diagnosed you with high or low blood pressure? | YES | NO |
| (6) Do you have a bone or joint condition that could be aggravated or made worse through a change in your activity level? | YES | NO |
| (7) Are you currently using any medication? | YES | NO |



(8) Are you pre or post natal?	YES	NO
(9) Do you have asthma or any other breathing obstructions?	YES	NO
(10) Do you have diabetes?	YES	NO
(11) Do you know of any reason why you shouldn't undertake physical activity?	YES	NO

In consideration of being allowed to participate in the physical activities, programmes and events of Ozonefit and to use the equipment and facilities owned and/or under the control of Ozonefit, in addition to the payment of any fee or charge, I hereby waive, release and forever discharge Ozonefit from any responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment or facilities in the above mentioned activities.

Please complete the following steps before participating in this activity

Step 2: Sign the Waiver:

In consideration of participation in the activity lead by Ozonefit instructors, the undersigned acknowledges, appreciates and agrees to the following:

Hazard is unavoidable in athletic activity and water sports. I acknowledge the hazards listed here and the possibility of unanticipated ones. The risks of canoeing, include but are not limited to: drowning, hypothermia (chill leading to lowered body temperature), leg entrapment, head injuries (from upset or collision with other boats), heat stroke or exhaustion, dehydration, insect bites, sunburn, windburn, fog, and other hazards particular to the river, the season, or my health. I knowingly and freely accept responsibility for all risks on land or water associated with this event and will hold all instructors blameless in the event of injury to me or damage to my property.

I hereby waive the right to sue my instructors should a mishap occur as a result of accident, hazards, health, and OR unpredicted mishap during the event.

More-over, I waive all claims which I or my heirs, personal representatives and next of kin may have in future against the Instructors; I release and discharge the organization from all liability for personal injury or property damage; I will hold harmless and will indemnify the organization, for all actions, damages or costs arising from or in any way connected with my participation in this Athletic Activity.

I am aware that I have the right to request advice from any of the Ozonefit Staff/instructors at any time, in relation to the activities and exercise being undertaken and, but not exclusively, their suitability for me, with particular regard to my health and clothing. If I choose not to take advice, or to disregard any advice so given, I do so voluntarily and accept liability for all resulting injuries or damage.

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness (other than those stated on the attached medical questionnaire) that would prevent my participation or use of equipment or facilities except as herein stated.

I acknowledge that I have either had a physical examination and have been given my doctors permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my doctor and do hereby assume all responsibility for my participation and activities and utilisation of equipment and machinery in my activities. In addition, Ozonefit cannot accept responsibility for valuables left in instructor's vehicles.



***I have read and understand all of the above**

Print Name.....

Signature/Parent/Guardian..... Date.....
(If under 18)

Instructor Signature

***I hereby permit Ozonefit** to use photo images and camcorder footage of me for advertising purposes.

Eg. Website pictures, flyers and posters.

Signed.....

Email: outdoors@ozonefit.co.uk